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MEETING MINUTES: November 18, 1991

[Commission For the Elimination of Tuberculosis]

933/68

about insurance status of tuberculosis (TB) clients and the feasibility and mechanics of such an undertaking. Commission members were in agreement that incorporating TB screening as part of routine medical evaluation of public assistance recipients might be a mechanism of reaching high risk individuals.

Dr. Jean-Baptiste discussed the need to address the undocumented foreign born population who are not eligible for medical benefits, but who are at high risk for tuberculosis.

Ms. Hursen discussed the need for grass roots support, particularly the need for outreach workers and she described a person with multiple drug resistant tuberculosis from her community who has required surgery for TB and who presents a difficult compliance problem.

Dr. DeMaria discussed the overall decline of the public health infrastructure, its effect of TB control efforts, and the need for a strengthened state/local partnership. He also discussed the need for intensified prevention efforts at all levels.

Dr. Attia discussed the need for involving community hospitals in the TB elimination effort. He discussed the important public health role that the community hospital is capable of assuming.

Dr. Murray discussed the need to quantify proposals in terms of cost-effectiveness as there is a need for a quantified structure on which to base recommendations.

Dr. Koch-Weser discussed the need for greater community involvement and responsibility and in terms of coalition building with community-based organizations.

* COMISSION ORGANIZATION AND FUNCTION

Commission representation - Commission members felt that the Commission should be expanded to include further representation from: 1) the foreign born population. Suggestions included someone from Alianza Hispana or the Somerville Portuguese American League (SPAL), and 2) the private insurance industry. Commissioner Mulligan and Dr. DeMaria stated that they would follow up on these suggestions.

Duration of the Commission - Dr. DeMaria stated that the original concept of the Commission was for a one year commitment, with the expected written Plan to be completed

by September of 1992. After discussion of an intensive 3 month duration, Commission members decided on a 6 month duration with the expected outcome to be completed by the end of June, 1992.

Next Meeting - Commission members agreed to meet again on December 11, 1991, from 4:00 to 7:00 pm at the State Laboratory Institute, 305 South Street, Jamaica Plain, Massachusetts. Proposed agenda items for this meeting included presentations of the TB Division structure and other relevant Division activities by the TB Division staff, a local health department TB Program, and the TB Control In-patient Unit.

The meeting was adjourned at 5:30 pm.

I certify that these minutes are correct and accurate.

Sue Etkind

Sue Etkind, R.N., M.S.

MEETING MINUTES: December 11, 1991

MASSACHUSETTS COMMISSION FOR THE ELIMINATION OF TUBERCULOSIS

Meeting Minutes: December 11, 1991

The Massachusetts Commission for the Elimination of Tuberculosis held its second meeting at Mass. Dept. of Public Health, State Laboratory Institute, Jamaica Plain, Mass. on December 11, 1991. Those in attendance are listed below:

COMMISSION MEMBERS IN ATTENDANCE:

Commissioner David H. Mulligan, Ms. Kathleen Hursen, R.N., Dr. Laurel Miller, Dr. Dieter-Koch Weser, Mr. Ron Morin, Dr. Kwan Kew Lai, Dr. Scott Fox, Dr. Noah Harris, Dr. Rafik Attia, Dr. Marie-Louise Jean-Baptiste,
Mr. Terry Aberdale, Dr. Christopher Murray

DEPARTMENT OF PUBLIC HEALTH:

Dr. Alfred DeMaria - Bureau of Communicable Disease Control
Ms. Sue Etkind, R.N., Dr. Edward A. Nardell,
Ms. Linda Singleton, R.N., Ms. Janice Boutotte, R.N.,
Ms. Josie Ford, Marilyn DelValle - Division of Tuberculosis Control
Ms. Irene George - Mycobacteriology Laboratory
Kathleen Egan - Lemuel Shattuck Hospital

DEPARTMENT OF HEALTH & HOSPITALS - BOSTON

Dr. John Bernardo
Dr. Anita Barry
Ms. Carolyn Murray, R.N.

The meeting was called to order at 4:25 pm by Dr. Alfred DeMaria, Assistant Commissioner. Following his introduction of Josie Ford, coordinator of administrative details for the Commission, Dr. DeMaria turned the podium over to Sue Etkind, Director of the Division of Tuberculosis Control. Sue explained the contents of the Commission binders given to each member and asked members to let Josie know of changes to members' affiliations/addresses/phone numbers. At this time, presentations began and the following is an outline of those presentations:

Sue Etkind

- Tuberculosis (TB) elimination goal
- Epidemiological trends; Massachusetts vs United States with high risk factors
- Goal of TB Program:
  - Factors favoring elimination of TB

- Factors adversely affecting TB elimination i.e., Public Health nursing shortage/issues
- Fiscal picture - Federal/State funding
- Reasons for failure to control TB
- Organizaion of Bureau/Tuberculosis Division - staffing, contracts, clinics

Edward Nardell
Brief discussion of the following:
. Recent CDC, Atlanta meeting re TB
. Health care workers with infection, N.Y.
. Integration of TB control services; Primary care/Public Health Clinics, Paris meeting of IUALD and the world agenda re integration of TB care to primary care, and when does integration work, issues re to integration (access, cost, compliance/ORW, specialized knowledge, public health mentality, clinics, time to integrate)
. N.Y. City TB problem

Janice Boutotte:
TB Surveillance and Evaluation Activities:
. Presented flow chart of TB system within the State
. Massachusetts Case reporting; BOH responsibilities
. TSA coverage/structure
. Surveillance activities - what they are and how they should be
. High risk cities - including Brockton, Fall River
. Evaluation studies - CDC Management Reports
. Treatment regimes
. TB trends being seen
. Review of 1990 cases - documentation, length of Rx, duration of signs & symptoms
. CDC funded studies - Seroprevalence, compliance, risk assessment survey, methadone maintenance

Linda Singleton
Discussion of Policy & Clinical Services:
. Attachment "A" - service providers
. Reimbursement Rates and decrease in funding to providers
. TB clinic visits & costs FY1991 with Laboratory ($885,000.)
. Client Insurance Survey - no insurance etc. vs insurance
. Costs/usage of drugs; $446,000. FY92 projected, payment for medications/drugs, average costs for Tb drugs per month by drug type, drug costs for Rx of pan sensitive vs resistant TB (resistant TB, 18 months - maximum term of Rx, $12,000. for 18 months)

Alfred DeMaria
Introduction of new Commission member - Mr. Terry Aberdale

Kathleen Egan
Discussion of Lemuel Shattuck Hospital (LSH) - Tuberculosis Treatment Unit (TTU)including:
. 1 year Anniversary of TTU - December 5, 1991
. Extended invitation to members to visit Shattuck

. Introduction to Amy Markovitz, Social Worker
. Packet of information given to members re Lemuel Shattuck TTU
. Discussion of the Tuberculosis Treatment Unit; # beds, court commitment, current census, psycho/social picture of client, outcome after 15 day stays, general length of stay, types of clients, issues with non-compliance (drug use/abuse, ETOH, mental illness)
. HIV positivity rate at 40%
. DRGs
. Model of Care
  - Comprehensive/Holistic Care
  - Average length of stay 6-18 month period
  - Therapeutic Milieu philosophy
  - Medical/psychological/social approach; humane,cost effective, counteract negative effects of environment
  - Psych/Social rehabilitation - points of program/unit
  - LSH - Unit Organization

Christopher Murray
Requested Budget analysis from the Division of TB.

Marilyn DelValle
Outreach Worker - discussion of role within the Division of TB
. Focus of her job - help patient (cases) complete Rx, i.e. elderly, child, handicapped
. Persons on preventive Rx - monthly home visits, pill counts, testing of urine
. Active Cases - benefit of home visits; review plan of care, issues re non-compliance benefits, review plan of care
. Case presentation of 3 cases being followed
. Need for ORWs discussed
. Questions raised as to VNA vs ORW coverage - to be discussed at another meeting
. Importance of ORW stressed

Irene George
Presentation centered on the function of the Mycobacteriology Laboratory:
. Specimens received - all types, animals etc.
. Laboratory isolate/identify all Mycobacteriology including M. tuberculosis
. Drug susceptibilities done on 10 to 20 various drugs
. Storage of cultures up to 3 years
. Service free of charge
. Lab specimen kits provided at no cost
. 30,000 primary specimens processed annually
. Laboratory staffed by 12 personnel
. 1965 - 5 Regional Laboratories, 102 public/private (5,000 specimens) then; shift of workload to central Mycobacteriology Laboratory - other labs. dropped M. tuberculosis as its focus
. Work Flow Chart presented
. Processing of specimens discussed
. Explanation of drug susceptibility given

. DNA probe discussed
. 600 cultures each week are processed
. Increase in Mycobacteria isolates seen (increase workload) related to AIDS
. There has been a change in specimens received since 1986 - M. tuberculosis specimens before, now M. Avium; Non-pulmonary specimens before, pulmonary specimens now
. 1990 - 2,400 cultures identified

Anita Barry

Overview of the Surveillance/Epidemiology of TB in Boston

. 35% of Mass. TB cases are Boston
. Introductions to John Bernardo, M.D. and Carolyn Murray, RNC were made
. Discussion of cases, resources and research involvements given
. Boston epidemiological trends presented (87-90 of cases, with a steady increase seen mimicking National trends)
. Presentation of data for the following categories given:
  - Age at Diagnosis, sex, race, foreign born, homeless, site of disease, seroprevalence (blinded/linked testing, Class II's, risk behavior, risk groups), prevalence of TB positivity, Boston schools

John Bernardo

. Overview of a particular case presented as well as the medical management issues that were involved

Carolyn Murray

. Presentation centered around the Boston TB program and how it functions
. Handouts given to members regarding TB preventive therapy and Boston's incentive program for the homeless
. Details of pilot studies/models presented
. Description of the Boston organizational structure given
. The Boston TB Program's focus discussed
. Slide shown regarding the funding sources; both state and city, Budget picture for the program also discussed
. Future cases expected to be related to IVDU & HIV
. Boston goal - compliance

* Discussion followed regarding focus of the Boston program

* Question by commission member Rafik Attia, M.D. centered on whether or not we have a coordinated system to provide various other services.

Statement also made regarding need for coordination of resources.

* Commission members Dieter Koch Weser, Rafik Attia and Marie-Louise Jean-Baptiste addressed questions to Boston relating to its focus of care.

Meeting adjourned at 8:01 pm with agreement to hold 3rd Commission meeting on January 15, 1992; 4 pm, to be held at the Lemuel Shattuck Hospital, Jamaica Plain, at which time commission members will tour the facility.

Focus of future meetings briefly discussed; BCH Clinic tour possible.

MEETING MINUTES: January 15, 1992

MASSACHUSETTS COMMISSION FOR THE ELIMINATION OF TUBERCULOSIS

Meeting Minutes: January 15, 1992

The Massachusetts Commission for the Elimination of Tuberculosis held its third meeting at Lemuel Shattuck Hospital, Jamaica Plain, Mass. on January 15, 1992. Those in attendance are listed below:

COMMISSION MEMBERS IN ATTENDANCE:

Commissioner David H. Mulligan, Dr. James O'Connell, III, Dr. Marie-Louise Jean-Baptiste, Dr. Paul Farmer, Mr. Ron Morin, Dr. Duane Smith, Ms. Kathleen Hursen, R.N., Dr. Dieter Koch-Weser, Dr. Kwan Kew Lai, Mr. Terry Aberdale, Dr. John Moses

DEPARTMENT OF PUBLIC HEALTH (DPH):

Dr. Alfred DeMaria - Bureau of Communicable Disease Control
Ms. Sue Etkind, R.N., Ms. Linda Singleton, R.N., Ms. Janice Boutotte, R.N., Ms. Josie Ford - Division of Tuberculosis Control

Mr. Phillip Dould, Ms. Amy Markovitz, Dr. Marie Turner, Dr. Ann De Groot, Mr. Michael Price, Mr. Larry Baker, - Lemuel Shattuck Hospital

DEPARTMENT OF HEALTH & HOSPITALS - BOSTON

Ms. Barbara McInnis, R.N.

The meeting was called to order at 4:25 PM by Dr. Alfred DeMaria, Assistant Commissioner (DPH). Following his introduction of new Commission member, John Moses, M.D., Dr. DeMaria briefly discussed the formation of three subcommittees among members; 1) Funding, 2) Providing Tuberculosis (TB) Control Services and 3) Education. Commission members were encouraged to sign-up for a subcommittee at the end of the meeting. Mention was also made of recent article/editorial on multi-drug resistance and the fact that education, without panic, is needed. Dr. DeMaria extended an invitation to a Commission member who might be interested in attending a CDC sponsored conference for State/Territory Commissioners of Health being held in Atlanta, January 22nd & 23rd to discuss multi-resistant TB.

Sue Etkind

- Introduction to Josie Ford, Administrative coordinator for the Commission

Josie Ford

. Commission members asked to return name tags for future use
. Handouts given to Commission members, however, others in attendance who are interested in receiving copies may do so by contacting Division of Tuberculosis Control
. Members told to let Josie know of corrections/changes to Commission member list of addresses and phone numbers.

Sue Etkind

. Brief discussion of FY92 Tuberculosis Program Budget, which was mailed to members
. Mention made of handouts: articles relevant to TB, National Coalition agenda
. Remarks made regarding "Resource Gap" presentation made at National Coalition meeting in Washington, D.C.
. Introduction to Janice Boutotte

Janice Boutotte

. Handout of 1991 Surveillance Data given to members
. Discussion of 1991 Final Data - 1% increase in cases for Massachusetts; Boston represents 1/3 of cases.
. Brief presentation of Surveillance Data

Sue Etkind

. Introduction to Linda Singleton

Linda Singleton

. Handouts given to members and a brief presentation was made regarding TB drug shortages and price increases

Al DeMaria

. Introduction to Phillip Dould, Administrator, Lemuel Shattuck Hospital

Phillip Dould

. Welcome to members

Al DeMaria

. Restated invitation for a Commission member to attend CDC sponsored conference on multi-drug resistance

. Introduction to Sue Etkind

Sue Etkind

- Historical overview presented on Tuberculosis in-patient care from 1935-1989. Handout given to members
- 1961 tuberculosis control regulated by State Health Department
- 1966 out-patient system for care established
- 1930 - typical patient had far advanced disease, waiting list for in-patient care. This earlier group from all backgrounds.
- 1970's - after 40 years, 60% of patients with far advanced disease were from lo socio-economic groups; with serious social/medical/psychological problems and no interest in health care
- 1980's - patient profile same as above, except now with drug addiction, AIDS/HIV, here legally/illegally, foreign born
- 94B - typical profile at Middlesex County Hospital (MCH); alcoholic etc. Goals of treatment at MCH: personal health/public health
- Acknowledgment given to MCH for years of fine tuberculosis in-patient care

Al DeMaria

- Introduction to Amy Markovitz, Social Worker for TTU clients

Amy Markovitz

- Introduction to Dr. Ann DeGroot, HIV/TB Unit

Dr. Ann DeGroot

- Referred members to handout "Summary of TB unit experience for 1991" and briefly highlighted certain areas.

Amy Markovitz

- Introduction to Barbara McInnis, R.N., Pine Street Inn

Barbara McInnis

- Presented a case scenario of TB client "Jane Doe"; a 32 year-old, Black, HIV/TB, drug resistant, non-compliant client, and gave information on her background/medical care/difficulty in treating etc. and those factors which led "Jane Doe" to be admitted to long term care at Lemuel Shattuck Hospital

Amy Markovitz

- Introduction to Dr. Marie Turner, Medical Director - AIDS Unit

Marie Turner, M.D.

- Outlined the drug protocol used to treat "Jane Doe" at LSH; stated that since admittance, client is feeling better (because TB is being treated)
- Discussed need for such a setting (Tuberculosis Treatment Unit) at LSH

- Brief review of TTU experience for past year given; overview of TB patients there, drug resistance, need for increased medical intervention and good support staff

Amy Markovitz

- Presented psycho/social issues with regard to "Jane Doe"; issues centered around behavior problems, rules & restrictions and need for consistent approach, which has helped client
- Team approach for care of patients on TTU

Al DeMaria

- Reminded Commission members to sign-up for sub-committees
- Next meeting to be held at Boston City Hospital (BCH) with visit to BCH evening clinic. Schedule of evening clinic time to be checked and members notified of date/time
- Meeting of Commission members (after BCH clinic visit) to be an executive session; held at the State Laboratory Institute (SLI). Members to be notified of date/arrangements.
- Introduction to Commissioner David Mulligan

David Mulligan

- Thank you extended to Commission members for attending
- Brief mention of fact that first two commission meetings were dynamic
- Thank you extended to Lemuel Shattuck Hospital & its program staff; also to Division of Tuberculosis Control
- Brief discussion centered on non-profit hospitals' obligation to provide health care to the community and also DPH's responsibility
- Statement made that this is the 4th year of increase in TB cases; issues related to control

Al DeMaria

- Introduction to Michael Price, Legal Services

Michael Price

- Discussion focused on the "Menace" law; Chapter III, M.G.L. 94 A-E - 1956 Law
- Discussed rights of Individual vs right of Society with regard to "Menace" law
- Public Health laws - limits the rights of patients - need increased discretion for its use in the medical community, use sparingly, with restraint
- Gave background information to creation of the "menace" law, with a description of each section
- TTU - patients admitted for 15 day observation period; then release patient or petition Court to extend stay of patient for further care. Court has power to hold person for 6 months or longer

- Discussed fundamental rights of patients - severe restriction with regard to involuntary commitment
- Patient able to attend hearing, held to prolong commitment; Judge usually finds for LSH vs patient in an out-patient setting

Questions/statements made with regard to "menace" law:

- James O'Connell - question raised concerning 94 C, 15 day observation period, hearing to prolong stay/release patient, affidavits necessary
- Linda Singleton - Statement made that patients earn privileges
- Michael Price - Statement made that it is least restrictive procedure
- Amy Markovitz - LSH has a Therapeutic Milieu - patient has most responsibility for themselves; progress to various levels
- Al DeMaria - Statement that Division of Tuberculosis Control's documentation is proof of need to make commitment

Al DeMaria

- Introduction to Larry Baker, Administration

Larry Baker

- Presentation centered on the fiscal aspects of providing long term TB care
- Handout of presentation given to Commission members
- Overview given of Financial operation of TTU
- First 12 months ended 10/31/91
- Total cost of operation = $924,484, total reimbursement = $702,849, DPH funding = $240,000 ($20,000 of which to be used to fund clerical position to increase reimbursements from third-party payors)
- LSH has 100% occupancy - 10 bed unit; 40 admittances (avg. length of stay=103 days)
- Cost per patient day - $224.00

Al DeMaria

- Reminder to sign up for sub-committees
- Reminder to pick up handouts
- Next meeting at BCH clinic and then executive session for the following meeting; letter with details to follow

Meeting adjourned at 6:30 PM

MEETINGS MINUTES: February 18, 1992

MASSACHUSETTS COMMISSION FOR THE ELIMINATION OF TUBERCULOSIS

Meeting Minutes: February 18, 1992

The Massachusetts Commission for the Elimination of Tuberculosis held its fourth meeting at Boston City Hospital. Those in attendance are listed below:

COMMISSION MEMBERS IN ATTENDANCE:

Mr. John Brickley, Dr. Scott Fox, Dr. Duane Smith,
Ms. Kathleen Hursen, R.N., Dr. Dieter Koch-Weser,
Dr. Laurel Miller, Dr. John Moses

DEPARTMENT OF PUBLIC HEALTH :

Dr. Alfred DeMaria, Jr. Bureau of Communicable Disease Control
Ms. Sue Etkind, R.N., Dr. Edward Nardell, Ms. Linda Singleton, R.N.
Ms. Janice Boutotte, Ms. Josie Ford - Division of Tuberculosis Control
Ms. Jennifer Cochran, Ms. Emily Wen - Refugee Health Program

DEPARTMENT OF HEALTH & HOSPITALS - BOSTON

Dr. Alonzo Plough, Carolyn Murray, RNC, Sue Yoon, R.N.,
Dr. Alan Fine, Ms. Kathy Foley, R.N., Mr. Socrates Francis

The meeting was called to order at 4:19 PM by Dr. Alfred DeMaria. Dr. DeMaria discussed the following:

- Map of Mass. with indicators of the TB Clinics within each TSA (Tuberculosis Surveillance Area)
- Sub-Committees - Most Commission members signed up for Clinical Services Sub-Committee. At the March 4th Commission meeting, Commission members will discuss setting up a working group.
- The Tuberculosis Program's Grant proposal was completed and will be distributed to members on March 4th.
- Introduction of Alonzo Plough, Ph.D, Deputy Commissioner, Department of Health & Hospitals

Alonzo Plough

- Welcomed everyone to Health & Hospitals
- Stated that they function as an inter-disciplinary/multi-disciplinary Public Health clinic with long term care hookup and linkage system for clients.
- Focus is on high risk, disadvantaged, utilizing outreach development and providing access to care. Many entry points to system (shelters, etc.)

Alfred DeMaria

. Asked for review of January 15th. meeting minutes. Minutes approved.
. Introduction of Linda Singleton

Linda Singleton

. Overview of the fiscal/clinical system statewide
  - 30 TB clinics across the state
  - Berkshire Medical Center - Combined clinic: TB/STD/HIV
  - Attention given to High Risk City List, with mention of decreased Public Health nurses in Lowell
  - Brief explanation of "A","B" & "C" clinic visits. Rates set by Rate Setting Commission now.
  - Cost of TB clinic visits FY91, with Laboratory, $900,000+

The following discussion ensued:
Dieter Koch-Weser - With regard to clinic costs; do we (TB Program) get reimbursed by Medicaid? Linda responded no. Statement also made by Linda that anyone can use clinic system (illegal immigrants etc.). Linda also addressed various questions regarding charging patients, insurance etc.
John Brickley - Question regarding "A", "B" & "C" visits; Costs kept down because of saving measures, monitoring etc. Quality control done by Linda.

AlFred DeMaria

. Statement regarding the Massachusetts treatment rate - 95% completion
. 1991 TB case rate same as 1990
. Cases occur as follows:
  - 39% high risk cities (19)
  - 32% Boston
  - 28% remainder of State
. Boston has 10% of the State's population
. Introduction of Carolyn Murray

Carolyn Murray

. Boston numbers (cases) until 1991 were following the National trend
. 1991 cases declined
. Increased work within the Community - satellite clinics etc. for better access to care.
. Introduction of Sue Yoon

Sue Yoon

. Referred audience to handout outlining clinic visits from July 1991 to December 1991
  - Clinic sees an of average 16-20 patients/day (Dr./Nurse clinic)

- 750 persons seen per month at BCH
- Average 120-130 home visits per month by PH nurses
- Outreach Workers (ORW) make home visits with PH nurses for 100 visits/month; speak the cultural language
- Supervised Meds done as often as needed (monthly, daily etc)

The following questions were raised:
John Moses asked about use of incentives, also, questioned December clinic visits: Increased clinic visits correlate to decreased home visits that month

. Introduction of Alan Fine

Alan Fine

. Discussed the medical staffing of the clinics
  - 5 clinics & 1 evening clinic; morning clinics except Thursday
  - Staffed by a Pulmonary attending and 1 fellow
  - 20-25 clients per session from 9-12 PM
  - Also, 4 other clinics; drug rehabilitation centers & Pine Street Inn (entry points to BCH system)
  - Class II's: school referrals, immigration, job clearance Class III's: drug resistance, extrapulmonary cases, don't speak English, however, clinic runs well.
  - Also staff a VA Hospital & University Hospital clinic

Questions asked included:
Dieter Koch-Weser - Do medical students rotate through clinic? Response was that Primary Care tract students would.

Response to John Moses on running of TB Clinic: Infectious Disease unit runs STD Clinic, City runs TB Clinic.

. Introduction of Kathy Foley

Kathy Foley

. Discussed role of PH nurse
  - PH nurses staff each clinic, follow active cases through
  - Incentives: main role is to get people on treatment; must go after these clients. 1 PH nurse to each client
. Decentralized Care:
  - Purpose is to reach difficult populations: expanded to include 1) shelters, 2) methadone clinics (if person anergic or positive, sent through BCH TB clinic; seen by PH nurse once a month; given INH with Methadone; M.D. goes out to Methadone sites once a month) and 3) Infectious Disease Clinic (pulmonologist staffs 2 sessions, see TB patients and PH nurse there as linkage.

Carolyn Murray

Regarding funding made statement that City matches State Budget

. Introduction of Emily Wen

Emily Wen

. Outreach worker role:
  - In the clinic & community they are known & respected, role not as interpreters
  - Do assessments, referrals, PPDs
  - Explain the health care system to new arrivals, work through cultural misinterpretations
  - Follow-up of clients: use a tickler system - call, send letter, visit as reminder to keep clinic appointment
  - Assist with DOT (Directly Observed Therapy) to high risk/ noncompliant, monitor s&s in clinic/home
  - Unique system: 1) ORW is part of a team (M.D., nurse, etc. & collaborate on care), 2) TB experience & training is specific and 3) connect community to clinic, do home visits on weekends/nights etc, establish relationships, aid with compliance, seen as another community member
  - There is success with ORWs

Question:
Dieter Koch-Weser: Do ORWs work with other minority organizations?
Response was that information transferred back/forth.

. Introduction of Socrates Francis:

Socrates Francis

. Discussion centered on HIV Counseling & Testing (C&T)
  - HIV C&T incorporated into clinic
  - Need to identify Class III positives
  - Started with a pilot program
  - Majority are immigrants, IVDU, homeless
  - Hire & training form various backgrounds i.e., Chinese, Vietnamese, Haitian/Creole, women (ETOH/drug abuse) etc.
  - Implementation into clinic without affecting clinic flow; issues needed to be resolved (how/when to mention HIV, C&T training of counselors, bicultural/bilingual training, when to approach client, distribution of education materials)
  - Identified several cases in clinic

Carolyn Murray

. Statement that we have comprehensive, complicated clinic visits
. Need the best way to access the system

Sue Etkind

. Recognition to BCH for their innovative model program
. Issue of resources with HIV effect; Refugee Health Program funding

Alfred DeMaria
. Statement made that it is cost effective to focus program across State.

. Clinics services paid for by us, however, Health Depts. have to invest selves; need resources.

Kathleen Hursen

. Commented on the fact that some surrounding communities not motivated to follow/focus on TB cases.

Alfred DeMaria

. Need a Balance. TB control is a shared responsibility; in other areas it works well (Boston is a good example of shared responsibility).

Dieter Koch-Weser

. Asked about reimbursements for clinic M.D.s (to BU etc.); BCH reimburses.

Alfred DeMaria

. Reminder - March 4, 1992 is an executive session

Question & Answers/Statements made:

. There is at least a 2 month, almost 3 month, wait for a clinic appointment; unless person has S & S and then they are seen right away. Biggest clinic problem is the long waiting list for appointments.

. Dr. Nardell - Stated that 60% of patients booked for clinic show up for their appointments - 40% no shows.

. Scott Fox - Raised a question regarding 3rd party billing for clinic costs. Response was that there was no 3rd party billing; Insurance survey revealed that only 25% of Boston clinic clients have insurance. BCH bills the State for reimbursement.

. Linda Singleton showed a chart reflecting the results of an insurance survey.

. Dieter Koch-Weser asked if the State bills anyone. Response from Linda Singleton was that we had no mechanism for billing.

. Carolyn Murray stated that Boston's decentralized care system (substance abuse centers, health centers etc.) generated a backflow to the BCH clinic. There is a need for some change - walk in clinic ? i.e.

. Edward Nardell - Made a statement regarding triage of TB clinic care.

Commission members toured the BCH evening clinic. Meeting adjourned at 6:20 PM.

MEETING MINUTES: March 4, 1992

MASSACHUSETTS COMMISSION FOR THE ELIMINATION OF TUBERCULOSIS

Meeting Minutes: March 4, 1992

The Massachusetts Commission for the Elimination of Tuberculosis held its fifth meeting at the State Laboratory Institute. Those in attendance are listed below:

COMMISSION MEMBERS IN ATTENDANCE:

Mr. John Brickley, Dr. Marie-Louise Jean-Baptiste, M.D., Dr. Paul Farmer, Dr. Scott Fox, Dr. Rafik Attia, Ms. Kathleen Hursen, R.N., Dr. Dieter Koch-Weser, M.D., Dr. Kwan Kew Lai, Mr. Terry Aberdale, Dr. Noah Harris, Dr. John Moses, Dr. John Coldiron

DEPARTMENT OF PUBLIC HEALTH:

Commissioner David Mulligan, Dr. Alfred DeMaria, Jr., Ms. Sue Etkind, R.N., Dr. Edward Nardell, Ms. Janice Boutotte, R.N. Ms. Linda Singleton, R.N., Ms. Mary Leary, Ms. Josie Ford

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The meeting was called to order at 4:15 P.M. and was opened by Dr. DeMaria.

Dr. DeMaria:

- Introduction of Mary Leary, consultant to the Division of Tuberculosis, who will offer her guidance in the area of health care delivery.

- Discussed the handout "Assessment Tool For Tuberculosis Elimination Programming".

- Referred members to the Tuberculosis Program Grant, with the 1991 statistics.

- Asked for review of 2/18 Commission meeting minutes.

- Referred to prior Commission meetings which gave members a background in TB and the Division of Tuberculosis Control

- Addressed the need for brainstorming, i.e., in order to develop a report of the Commission, and asked for ideas on where to go from here.

- Briefly discussed the Division's contracts with acute care hospitals (10), for short-term 5 day admissions for diagnostic purposes, and their funding being deleted from FY91 budget

. Mentioned 2 cases and asked for ideas on how to pay for the hospitalization costs; pool for uncompensated care or should DPH pay bill? Brief discussion of options followed

. Introduced new Commission member, Dr. John Coldiron, Mass. Hospital Assoc.

. Discussed the working group/subcommittee sign-ups, how to begin the task of developing recommendations and idea of having one working group of people willing to have extra meetings to develop a document that will come back to the full Commission for discussion until there is a final set of recommendations.

  Signup for working group suggested and statement made that we (DPH) would help facilitate meeting dates/times etc. and help organize subcommittee meetings.

  At the full commission meeting in April, the direction of the Commission can be discussed

- Where should we go:

. Provide service statewide-(1) TB Control program, and how to do that with the limited resources available now; reflected on Boston TB Program; what do we do in other communities? DPH has been talking a lot about involving Community Hospitals more in public health concerns, in terms of tuberculosis it's a good time to approach hospitals with the proposal, for many reasons. Concern here is that with the Hospital's other priorities, how to fit this in.

Mr. Aberdale:

. Asked if statewide we were seeing a downplay of municipal/ public health departments, and was this due financial issues?

  Dr. DeMaria responded, yes and also stated that in cities such as Lowell & Lawrence, they are losing ground due to big cutbacks (PH nurses etc).

. With the hospitals picking up care, is there a particular hospital or 2 or 3 hospitals jumping on the bandwagon and if so, are they providing the community outreach/follow up?

  Dr. DeMaria responded that it would be unprecedented; a totally new, unexpected activity for them and it would be unusual for them to provide that kind of community outreach.

  Ms. Boutotte responded that apparently what is happening in the communities hardest hit, as well as the communities where we have a contract TB clinic in a hospital, is that the hospital is still getting the majority of TB cases, and any outreach is either being done a little by the health department or by us

providing outreach to the high risk cities.

Dr. Nardell
. Cambridge/Somerville setting: Somerville which has a lot of recent arrivals, a community at high risk for TB, has part-time PH nurse and right next door in Cambridge we have 5 PH nurses; great disparity what communities choose to put into coverage for PH. So we end up doing some of Somerville's public health and now I understand they're talking about pooling the activities of Cambridge/Somerville

Dr. Koch-Weser
. Referred to N.Y. and issue of enforcing compliance years ago; power of Black Panthers used and was very highly successful
. I wonder if there are other organizations today which could be used (ethnic organizations, etc.)

Dr. Nardell
. In Cambridge there are Haitian, Spanish, Portuguese groups, and we have talked with them on occasion; there is cooperation and have used them for interpretation of materials, etc. But in terms or responsibility, as you speak of using outreach; I just don't know if you'll get that kind of volunteerism
. Issue of volunteerism vs professional outreach

Dr. Jean-Baptiste
. Concerned about issue of confidentiality and cultural stigma of TB with respect to using non-professionals; it may not be the best idea here

Dr. Farmer
. Stated that people prefer anonymity of a hospital

Dr. Jean-Baptiste
. Stated that there were psychosocial issues too

Dr. Farmer
. Stated that relying on volunteers will not fair well

Dr. Nardell
. One of things that comes up is using VNA or Hospital based nurses to do outreach; and health departments with no nurses, it's unworkable; a fair amount of work will need to go into training etc. to develop a public health mentality or have hospital based nurses do public health work; we've had some bad experiences with VNAs following up cases; it's probably doable but not automatic resource for supplanting the public health nurse

Dr. Coldiron
. Role of Hospitals: complex issues; traditionally in this country we have divided certain things into the public health arena (publicly funded) and the hospital system (except for Municipal Hospitals) which have not engaged in those activities

and the medical staff associated with those institutions attended do not engage in that at all, and the difference of course is that in the city/municipal is that it is combined, it is a city hospital & health department, employed by hospital, ambulatory nursing staff, not public health oriented; need network of care with public health functions around; cost factor involved - shift to hospital - who pays salary

. Need philosophy change

Mr. Aberdale

. Make clinics multi-functional within hospitals - chance for more $

Dr. DeMaria

. Works well in pilot program; no federal money to provide these kind of services

Dr. Fox

. What about regions/shared costs?

Dr. Fox

. Set up a consortium - wouldn't be gratis - strong Ph service message

Dr. Coldiron

. Subsidy to Community Hospitals throughout the State

. Pick up of deficit

Dr. Fox

. Net loss to Institution, but shared

Dr. Moses

Suggested combining several diseases; makes better sense re case finding, staffing - shared responsibility

Dr. Nardell

. Already settings for TB, but who pays?

Dr. Fox

. Medicaid managed Care - Primary Care Doctors & keep these people in their own hospitals, can't shift to other hospital; for any disease process; will have to take on any of these patients & keep locally

Dr. Coldiron

. Re Carney Hospital - Does inpatient medical care, no outreach or public health nurse; don't have necessary positions

Dr. Fox

. Use of existing public health setup but maximize & use resources there

Dr. Nardell

. Insurance - State/Federal money; is there an advantage going

after insurance money vs State/Federal money?

Dr. Fox
. Ways of maximizing service - 450,000 (hi-risk groups) will be required to have TB test within 1 year

Ms. Boutotte
. Mandated? Who follows up?

Dr. Fox
. Costs billed to medicaid; work with Public Health develop a protocol to evaluate patient

Ms. Boutotte
. Public health nursing through DPH for follow up; 351 towns will have to do

Dr. Fox
. Or local hospitals

Dr. Koch-Weser
. Need to select appropriate hospitals

Dr. Nardell
. Creates a competition between diseases

Ms. Hursen
. Focus on acute care not public health of TB patients with no coverage; 95% not covered by sub-contractors (VNA), i.e., Framingham Union contracts with many VNAs - dilemma with hospital

Dr. Nardell
. Gave example of case followed by a VNA

Dr. Moses
. VNA need to be trained/interested to do public health care

Ms. Boutotte
. Need for increased education - no public health focus with VNA

Dr. Farmer
. What role are large, prosperous hospitals, who see a lot of TB patients playing - is there a role for these hospitals?

Dr. Nardell
. It's hard to get good communication etc. with large teaching hospitals

Dr. Farmer
. Large hospitals have AIDS team; transfer of financial responsibility to larger hospitals?

Dr. Jean-Baptiste
. Re minority - kind of patients seen can make a difference

Dr. Nardell
. Miami i.e., 1 full time TB nurse for Jackson Memorial

Dr. Moses
. Does MGH do their own TB cultures

Ms. Boutotte
. They come to us for reference cultures

Dr. Moses
. How many hospitals do their own cultures?

Dr. Demaria
. Very Few

Dr. Fox
. In the past TB was going down. Now, with present danger & documented danger to health care givers - all institutions need education integrated (no matter how small the hospital)

Ms. Singleton
. Need to bring up to par; increased demands for services with decreased staff

Dr. Fox
. Hospital responsibility - bring in TB education - they should be concerned with

Dr. Lai
. Infection control nurse/practitioner - all have background

Dr. Moses
. State must do
. Hospitals doing own cultures, must report to Infection Control nurse

Dr. Nardell
. Catch 100% of cases with susceptibility coming to Lab.

Dr. Moses
. This is after the fact

Dr. Lai
. The Infection Control Nurse will take responsibility

Ms. Boutotte
. We want suspects reported; MGH, BCH - from all over

Dr. Demaria
. A lot of providers don't know that we want presumptive cases reported

. M.D./public health education
. Need provision of resources/how to utilize other resources for information spread

Mr. Aberdale
. OSHA comments

Dr. DeMaria
. Public employees vs private sector

Dr. Attia
. Board of Registration in Medicine: Utilize its mandatory reporting law, do for (1) year - make them report

Dr. Moses
. Can you have them report suspects?

Dr. Attia
. We can add wording

Dr. Moses
. Agree

Dr. Nardell
. Ultimately know about our cases; completion of Rx is an issue

Dr. Moses
. We can't find out about compliance unless we have roster of TB cases

Dr. Koch-Weser
. Education: professional education, not just public health education problem
. Medical schools etc. have very little training/education re TB
. State could exert influence on Medical schools - put TB back on agenda

Dr. Coldiron
. I thought TB was reportable

Dr. DeMaria
. Yes, but there's a lag

Dr. Coldiron
. Impression that there is already more work for public health nurses
. Let hospital staffs know what you want them to know

Dr. DeMaria
. HIV - can't tell in beginning if atypical or TB

Dr. Jean-Baptiste
. Concern for patient re job, etc.

Dr. Moses
. When a viable case - then pursue

Dr. Nardell
. Rx concern

Ms. Boutotte
. Intervene early; private providers do a lot of consultation

Dr. Fox
. Perhaps DPH can do this to various levels of health care
. Develop a resource list, i.e., Infection Control nurses, residents?
. Prepared lists can be sent to those concerned
. Board of Registration - Quality Assurance of Reporting

Dr. Koch-Weser
. Who would develop this?

Dr. DeMaria
. Staff would develop, put together & then bring back to group
. Education direction: public/provider information dept.; how to meet requirements of education; how to leverage getting CBO's
. Turned podium over to Commissioner Mulligan; updated him on discussions re public health clinics, getting groups to cooperate, etc.

Commissioner Mulligan
. 130 HMOs to provide services across State
. Cohesive plan of care
. Good time to pilot, i.e., Medicaid starting managed care
. We will provide health indicators to communities
. If it works - go statewide

Dr. Koch-Weser
. Is it similar to "Healthy Boston" at BCH

Commissioner Mulligan
. Difference - All funds now given-more flexibility on how money is spent
. Incentive to local community, but they would set goals

Dr. Fox
. Medicaid population (public health concerns) within one month will have a very specific health care provider - Medicaid will mandate certain care

Dr. Jean-Baptiste
. Does patient choose their own Doctor?

Dr. Fox
. Will seek primary care providers in local area - not a great distance away

Commissioner Mulligan
. More people should access primary care
. Springfield - only area with increased STDs
. Need substance abuse program in sync more
. Make service available in best possible way

Dr. DeMaria
. Good for Medical Societies/Organizations to talk TB
. Commission can look at this, i.e. Corrections

Dr. Nardell
. National effort in this regard
. Grant through ALA to hold 2-day conference

Commissioner Mulligan
. Bring NY hospital people up here

Dr. Coldiron
. OSHA - intent to do this

Dr. Attia
. Attack education issue simply without cost: Board requests Physicians to get 40 CMEs (5 Risk Management); easily expand Risk Management (say for next 2 years) CMEs must be in public health
. Use power of Board - get education faster/cheaper

Mr Aberdale
. Corrections: combining TB/STD in one site is good for follow up

Commissioner Mulligan
. Springfield - 15-19 year-old group - increased STDs
. Proliferation of cases - IVDU
. 50-55% of high school students have sex - educate, offer protection - need for more support

Mr. Brickley
. Referred to Magic Johnson - Kids not listening

Dr. DeMaria
. Reference to Globe articles in North, South Weeklies
. Difficult perception problem; poor, minority; can affect anyone

Ms. Hursen
. In 1988 cases from high risk country - middle class now - in same community
. Problem: no public health backup to monitor what's going on, denial in the community, crossed socio-economic groups

Dr. DeMaria
. How to get people/groups concerned without over-reaction
. Disadvantaged problem if advantaged don't see it as a problem

Ms. Hursen
. No motivating factor to address those with power in towns

Dr. Farmer
. Our problem? overestimate
. Addressed issue of TB team in major teaching hospitals
. High risk cities: more of a help - permanent staff, exclusive interest in TB; Attending, Infection Control nurse; ties to organizations, public health, research, pharmacies
. Draw in professional interests of these large institutions

Dr. Nardell
. Need better staff surveillance

Dr. Koch-Weser
. Agree with Dr. Farmer; large hospital/solvency?

Dr. Moses
. Make it a teaching exercise; rotate through Shattuck (TTU)

Dr. Koch-Weser
. Funding, contact HMO, HCHP

Ms. Singleton
. There is interest in TB
. Reference made to MGH

Dr. DeMaria
. Important to have contract/document

Dr. Moses
. Division-careful where Meds are dispensed?

Ms. Singleton
. Key issue: System where Meds used properly; liability

Dr. DeMaria
. Distribution of drugs - done well

Ms. Singleton
. Know proper care being done

Dr. DeMaria
. Funding - State money for service
- Federal money for surveillance/outreach
. Advantage to doing TB as State function
. NY example: private vs State; lose; need a balance, maximize resources

Dr. Jean-Baptiste
. INH - BC/BS can bill; Pharmacy bill insurance; patients don't get billed

Dr. DeMaria
. STDs - 15% of best clinics bill
. HMOs refer to TB clinics

Dr. Fox
. Combine clinical services in single location

Dr. DeMaria
. Can do more efficiently within State
. Springfield - school based clinic, i.e., confidential Rx, no billing; other areas (sporting) billing ok; affects public health costs

Ms. Leary
. Who does other public health functions in community? Need to find out; forge a relationship between health center with community hospital
. Who does what best where

Dr. Attia
. Needs to be productive
. Key part - 2 types of TB education; immigrants (1/3 of our cases); homeless, IVDU, AIDS
. Immigrants easy to reach
. Plan to target these populations (school, family, etc.)

Ms. Etkind
. Referred to Grant proposal; School based proposal; CBO (ABCD) for TB education, etc.

Dr. Attia
. Point: segregate the 2 groups (immigrants/IVDU,homeless)

Ms. Etkind
. Hard to do; increased problem with illegal aliens, undocumented; can't reach

Dr. Koch-Weser
. 2 groups meld/exist within schools
. Undue stigma to separate groups - immigrant vs US born

Dr. DeMaria
. Discussed working group meeting & when
. 1st subcommittee to develop a report and present to full group, re-work etc
. Letter will be sent re subcommittee (working group) meeting for March 18
. Full Commission meeting, April 15th

Meeting ended at 7 Pm

MEETING MINUTES: March 18, 1992

MASSACHUSETTS COMMISSION FOR THE ELIMINATION OF TUBERCULOSIS

Meeting Minutes: March 18, 1992

The Massachusetts Commission for the Elimination of Tuberculosis held a "working group" meeting at the State Laboratory Institute. Those in attendance are listed below:

COMMISSION MEMBERS IN ATTENDANCE:

Dr. James O'Connell, Ms. Kathleen Hursen, R.N., Dr. Dieter Koch-Weser, Dr. Kwan Kew Lai, Dr. John Coldiron

DEPARTMENT OF PUBLIC HEALTH:

Dr. Alfred DeMaria, Jr., Ms. Sue Etkind, R.N., Ms. Mary Leary, Ms. Janice Boutotte, R.N., Ms. Linda Singleton, R.N., Ms. Josie Ford

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The meeting was called to order at 4:17 PM and was opened by Dr. DeMaria.

Dr. DeMaria

- Asked for review & approval of 3/4/92 meeting minutes
- Discussed development of an Elimination Plan for Mass.
- Discussed changes to TB Regulations
- Stated that the NY people coming next week to view Shattuck program
- Harlem Hospital to visit also

Ms. Hursen

- Discussed problems of TB control from the Public Health Nurse's viewpoint (see comments attached)
- Framingham Union Hospital name changed to Metro West Medical unit
- Suggested the development of an official letter that would be forwarded to the responsible authority in a Community, notifying them of need for follow-up of TB patient
- Discussed idea of sharing info/updates from health departments to State by use of computer disks

Dr. DeMaria

- Discussed intra-state notification of information to other towns

. Liked the idea of an official notification from the Commissioner to towns notifying them of their responsibility for follow-up of TB cases

Dr. Lai
. Asked if there were contracts with towns

Dr. DeMaria/Ms. Singleton/Ms. Boutotte
. Discussed issue of VNA/health departments not knowing responsibility regarding TB control

Ms. Leary/Ms. Singleton
. For TB control services across the State, discussed various options: possibility of a retained revenue account (by Legislative act), with special wording; possible trust fund where State would do contracting for services; assessment account

Ms. Leary
. Stated that system is too fragmentized, no cohesive plan across the State

Dr. DeMaria
. Discussed need for linkages within the community

Ms. Leary
. Discussed idea of hospitals funding positions to health centers in the community

Ms. Hursen
. Gave an example of Metro Wests' use of VNA for contracted services

. Stated that cost for a VNA nurse for 1 year is $166,000.

Dr. DeMaria
. Updated Drs' O'Connell and Koch-Weser of current meeting discussion

Dr. Koch-Weser
. Re the services performed by Nurses; what of that could be done by ORW's etc. in the area of compliance?

Ms. Boutotte
. Stated that a Nurse was needed esp. with monitoring for side effects, for clinical assessments etc., ORW's good with follow-up

Dr. Koch-Weser
. Stated that there was a need for more Outreach workers; could get by with fewer nurses if there were more ORW's

Ms. Hursen
. Stated the need for nurse expertise re TB/HIV, substance abuse issues etc.

Dr. Koch-Weser
. Stated that we could follow more people with less nurses & more outreach than with more nurses following less people

Ms. Boutotte
. Stated that TSA nurses follow 120 (on avg.) case load; need for 2 more nurses statewide with an increase in ORWs and half-time nurse for hi-risk areas

Dr. Koch-Weser
. Stated that ORWs from within the community are more effective with compliance

Ms. Boutotte
. Brockton - 20 hrs. of nursing time needed

Ms. Leary
. Made observation that there is a separate system of care - need to integrate with other systems of care

Dr. O'Connell
. Statement made re federally qualified Health Centers & services being billable under Medicare

Dr. DeMaria
. Will obtain copy of the Legislation re Dr. O'Connell's statement & will look into it further

Ms. Leary
. Suggested that CHC's provide services

Dr. DeMaria
. Stated that Ms. Leary's suggestion was good; integrate services
. Will look into Boston Grants (Healthy Boston) to include TB?

Ms. Singleton
. CHC's within Boston - providing INH to them presents problems with monitoring

Dr. DeMaria
. Stated need to increase the numbers of providers "owning" the TB problem

Dr. DeMaria/Ms. Singleton/Ms. Boutotte
. Discussed issues/problems of providing medications to present providers

Dr. O'Connell
. Discussed issue of displaced families placed in motels; outreach to them through CHC with supervising nurse responsible for care

Ms. Leary
. Suggested that the model will work in communities with CHC's (urban areas); perhaps in other communities without CHC, the community

hospital may be able to play a role

Ms. Hursen
. Asked how long it would take to set-up this kind of system

Ms. Leary
. Responded that it depended on funding; made statement re "look alike funding"
. Stated that we needed to re-think the system

Dr. O'Connell
. Stated that Section 340's are now required to do PPD's (with homeless)

Dr. DeMaria
. Stated that he would look into reimbursement issues
. Referred to "draft outline" for TB control
. Referred to Dr. Farmer's suggestions as outlined in a letter for the working group meeting of the Commission

Dr. Lai
. Discussed role of teaching hospitals; i.e. I.D. Dept. at UMASS doing TB with link to State

Ms. Leary
. Stated that a partnership/backup from teaching facilities cost effective

Dr. Koch-Weser
. Stated that young M.D.s' are not trained in TB; need for rotation; also discussed that there are not enough people with expertise re TB; medical schools etc. not teaching TB

Ms. Singleton
. Stated that expertise is needed; health education for TB

Dr. DeMaria
. Stated that idea of a TB in hospitals is good

Dr. Lai
. Stated that the PH aspects of TB need to be included with teaching of pathogenesis etc. of TB

Ms. Singleton
. Discussed necessity for a database to indicate needs

Dr. O'Connell
. Stated that HIV/AIDS is forcing people to know TB/pulmonary disease; time is right - people have to learn

Ms. Leary
. Stated that Primary Care takes care of AIDS pts. - need to care for TB

Dr. Coldiron
. Information needed; keep people current

Ms.Leary
. Need to create a system that works for the most people

Dr. DeMaria
. Stated that you don't need pulmonary background to do TB care

Dr. O'Connell
. Suggested admits to hospital have PPD, if positive, refer to TB clinic; utilize talent

Dr. Koch-Weser
. Stated problem: in contrast to other diseases, after 2 months Rx, the pt. feels fine; compliance problem

Dr. DeMaria/Ms. Singleton
. Discussed issue of drug resistance

Dr. O'Connell
. Discussed those most at risk - uninsured, unemployed

Dr. DeMaria
. Suggested members present call him with suggestions/ideas

Dr. Koch-Weser
. Provided Dr. DeMaria with a listing of funding agencies

Dr. DeMaria
. Next full Commission meeting is April 15, 1992, at State Laboratory

MEETING MINUTES: April 15, 1992

MASSACHUSETTS COMMISSION FOR THE ELIMINATION OF TUBERCULOSIS

Meeting Minutes: April 15, 1992

The Massachusetts Commission for the Elimination of Tuberculosis held its monthly meeting at the State Laboratory Institute. Those in attendance are as follows:

COMMISSION MEMBERS IN ATTENDANCE:

Mr. John Brickley, Dr. James O'Connell, Dr. Marie-Louise Jean-Baptiste, Mr. Ron Morin, Dr. Scott Fox, Dr. Rafik Attia, Dr. Dieter Koch-Weser, Dr. Laurel Miller, Mr. Terry Aberdale, Dr. John Moses, Dr. John Coldiron

DEPARTMENT OF PUBLIC HEALTH

Commissioner David Mulligan, Dr. Alfred DeMaria, Jr., Ms. Sue Etkind, R.N., Dr. Edward Nardell, Ms. Janice Boutotte, R.N., Ms. Linda Singleton, R.N., Ms. Mary O'Leary, Ms. Nancy Taylor, R.N., Ms. Jo-Ann Keegan, R.N., Ms. Anne Empey, Ms. Cahill, Ms. Josie Ford

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The meeting was called to order at 4:14 PM and was opened by Dr. DeMaria.

Dr. DeMaria

. Discussion re draft proposals:
  - identification of various editions
  - includes public/private education
  - surveillance issues
  - includes topics/ideas/recommendations made by members
  - need for more substance/precision
  - proposals are drafts - need however to expedite process

. Formal letter to be sent to funding sources outlined on initial list provided by Dr. Koch-Weser

. Proposal for Commission recommendations/document:
  1) executive summary
  2) action steps
  3) general recommendations

. Discussed setup of a permanent committee to advise TB Control; can use a review panel, similar to nat'l model

. Discussed role of DPH central office/TB Control Program

Mr. Aberdale

. Discussed utilization of existing clinics with regard to:
  - RFP services increase costs=1/2 the number of clinics
  - Clinics utilized best doing specialized TB services
  - intensive education needed first
  - before recommendations are final; Community based organizations must

be in place

Dr. DeMaria
. Brief discussion re future OSHA requirements

Dr. Koch-Weser
. In favor of community involvement & discussed concerns re TB control and the need for an integrated service (prevention/compliance etc.); work with the community, but under control of TB Program

Dr. Moses
. Stated that successful education program throughout the State does not maintain level of knowledge esp. if seeing only one case; case supervision by central organization needed - sophisticated knowledge needed

Dr. DeMaria
. Stated that we should always be managing cases

. Discussed symbolic name change for program- to Division of Tuberculosis Elimination

Dr. Fox
. Stated that we need to devise a plan with an immediate impact, i.e. resistant cases (Boston); make major impact quickly - Reality - concentrate resources to an area with the best chance of success

. Stated that education should be centrally done by DPH to insure that providers have appropriate knowledge; perhaps establish a hotline (800 #) to record recommendations/answers.

. Boston needs to be coordinated with State; function independently

Mr. Aberdale
. Stated that an important aspect is for private practitioners, clinicians be aware of TB - utilize the education system; recommend students have annual TB skin test before start of school

Ms. Etkind
. Stated current recommendations re testing school children - test upon entry & later for high risk communities

Dr. DeMaria
. Stated that low risk areas are being tested as opposed to the high risk areas.

Dr. Miller
. Stated a danger with primary care providers putting people on meds, interpreting x-rays etc.; tricky reading x-rays, concern with use of local labs, methods of sputum inductions

Dr. Moses
. Agreed that interpretation of x-rays is difficult

Dr. DeMaria
. Provided an example of above

Dr. Fox
. Discussed tying in TB education with Board of Registration in Medicine- Educational seminar approved by DPH with CMEs - make part of licensure- mandate for Med. schools

. Discussed Medicaid "Managed Care Program" whereby all clients will be required to have a PPD; about 400,000 persons involved, high risk group

Dr. Jean-Baptiste
. Asked if INH would be provided if positive.

Dr. Fox
. Stated that Medicaid will provide INH or refer to TB Clinic

Dr. DeMaria
. Stated that if is cost effective with INH Rx

Dr. Fox
. Stated that 85% of primary care MDs are medicaid providers

Dr. Moses
. Stated that education be tied to risk management credits, but still a problem - won't make MDs expert with TB

Dr. Fox
. Suggested developing a protocol

Dr. Attia
. Stated it was a good idea; 5 hours of risk management, provide a list to MDs & they can choose where they want risk management credits

Dr. Koch-Weser
. Stated that the educational results were a couple of years away. Presently, poorly trained health care providers put people on TB meds etc. - the TB clinic or at least the decision to put on INH should be made by TB clinic & then referral made to primary care

Dr. Jean-Baptiste/Dr. Moses/Dr. DeMaria/Dr. Koch-Weser
. Discussion re INH Rx, evaluations etc. in reference to TB clinic/ community clinics

Dr. Jean-Baptiste
. Thought the idea of computerizing PPD/X-ray info a good idea

Dr. Fox
. Suggested DPH contact primary care provider & work jointly with on case follow-ups

Dr. DeMaria
. Stated that it is good to set a standard of care

Ms. Boutotte
. Presented current case management system overview

Dr. Koch-Weser
. Asked how many times a pt., case or preventive, is contacted per month by nurse/ORW

Ms. Boutotte
. Stated that ORWs are only assigned to high risk cases; have had to pull back on DOT

Ms. Singleton
. Stated that pts. should be seen in clinic each month but clinics are booked

Dr. Koch-Weser
. Suggested increasing ORW staff

Dr. DeMaria
. Brief discussion re PH Hearings re Linkages, also discussed the need for a resource person to supervise ORWs; problem is how to fund a system of ORWs

Dr. Fox.
. Talked about CHCs with fiscal problems and stated that 95 hospitals in the State have fiscal problems & have received benefits from the State - perhaps in a time of need they could fund an ORW form DPH?

Dr. Moses/Dr. Fox/Dr. DeMaria
Discussion re:
. Hospitals responsibility to report TB cases - mechanism in place
. Hospitals going beyond - especially with limit in TB Nurses
. Where nurse shortage is
. Within next 10 years there will be increased problems/issues with TB i.e. infection control, health care workers etc.; health dept.s need to be responsive

Dr. Attia
. Discussed Dr. Fox's idea with re to those hospitals that benefit from Gov't.; link to PH care (TB Control would consult with expertise)

Dr. Coldiron
. Stated that the above strategy will not work with hospitals

Dr. DeMaria/Dr. Coldiron/Dr. Fox/Dr. Koch-Weser/Dr. Attia
. Discussed hospital/community network & services and the multiple issues/concerns:
  . in the past hospitals not involved in PH activities
  . there's no outreach approach for following community based needs
  . ? charitable immunity law tie-in
  . blend activities - not traditionally done; need consistent/concerted approach
  . major effort needed to get hospitals to do outreach/PH

Dr. Miller
. Suggested expanding ORWs at statewide STD clinics; joint TB/STD effort

Dr. DeMaria
. Stated that Federal Funds for STDs only

Ms. Etkind
. Referred to Supplemental Grant & drug resistance proposal (TB/HIV program within STD clinics)

Dr. Attia
. Brief discussion re:
  . hospital services to the community
  . commission members looking at hospital/community/state problems with TB

Dr. Coldiron
. Stated that many hospitals in the State provide community services etc.

Commissioner Mulligan
. Discussed hospital issues:
  . what would we want hospitals to be
  . move from STD, TB sites spread out to rethinking structure; link hospital to community, i.e. Dr. Fox's managed care, preventive medicine, uninsureds etc.

Dr. Coldiron
. Stated that the transition of PH function to hospital based function is doable

Commissioner Mulligan
. Agreed that we need that vision

Dr. DeMaria
. Discussed hospital issue with re to Commission members:
  . is it feasible?
  . would TB be a defined issue?
  . could a group get together to pursue the issue of TB in hospitals?
  . develop interactive with recommendations

Commissioner Mulligan
. Stated that the above was a good idea; perhaps Dr. Coldiron could discuss issues with some hospitals

Dr. DeMaria
. Stated need to discuss TB team in Hospitals
. Briefly discussed CT. making TB/HIV reportable
. Stated need for a separate group to discuss hospital bases community care
. Face future problems now

SURVEILLANCE ISSUES:

Dr. DeMaria
. Discussed current reporting to BOH's - 50/50 share with the State; should it be reported to the State first (involved with cases earlier, get providers to think TB with this change)?

Ms. Boutotte
. Outlined current reporting requirements
. Discussed how it should be, reality of reporting, advantages/disadvantages

Dr. DeMaria
. Stated that the Commissioner could mandate
. Stated BOHs may resist change from their role, discussed reporting institution to institution

Ms. Keegan
. Discussed fear that State doing more local TB control & if we do this we're doing more local work

Dr. Jean-Baptiste
. Asked if cases can be reported to both (State & BOH)

Ms. Boutotte
. Agreed with Ms. Keegan and gave an example of VNAs with re to lack of follow up

Ms. Empey
. Discussed the Cape area & small western towns whereas there is no orientation to the health aspect of the job, i.e. a town selectman - in the past would orient health dept. to their responsibilities

Mr. Brickley
. Referred to pg. 2 of draft proposals; State needs to know cases to control & eliminate TB
. Stated need for increasing feedback system with control - incentive; give something back from State to BOH (education..?)

Dr. Jean-Baptiste
. Stated it's not difficult to complete form

Dr. DeMaria
. Stated that if there were a computer system - would be increased catching of cases

Dr. O'Connell
. Stated that a centralized data system was invaluable; report to local BOH to State

Dr. Miller
. Stated "State to State System"

Dr. Jean-Baptiste
. Stated that it was easier to fill out a form than to call

Dr. Koch-Weser
. Anything to integrate TB services with State is good

Ms. Boutotte
. Discussed issue of private providers who Dx. cases and how to control reporting of such
. Stated that CDC soon to recommend Directly Observed Therapy (DOT) for each active case
. Stated need for validation tool for reporting (i.e. Pharmacy rep't)

Dr. DeMaria
. Stated that maybe we should be saying we are responsible for TB Rx.
. Stated that now Schedule II drugs must be reported to Food & Drug (State), perhaps we could arrange a tracking with them

Ms. Etkind
. Suggested that above tracking thru Food & Drug would help - Commission would make recommendation

Dr. Fox
. Stated that Medicaid has a Pharmacy reviewer & perhaps could add TB drugs

Dr. DeMaria
. Stated that we would have more data if this were done

Dr. Fox
. Stated an on-line EDT system better

Dr Miller
. Stated that alot of time would be spent tracking pts. with M. Avium

Ms. Boutotte
. Stated that compliance tool would be good; need consistency

Dr. DeMaria
. Suggested Commission should recommend Pharmacy Reporting and that it's also good idea if Dr. Fox utilize Pharmacy audit to track etc.

Dr. Koch-Weser
. Asked if Medicare did same; Dr. Fox stated it was not done (Federal Program)

Dr. DeMaria
. Stated that we will develop recommendations with Pharmacy reporting

Ms. Etkind
. Stated new CDC reporting of drug susceptibilities

Dr. DeMaria
. Suggested we could add to Laboratory Reporting process; make it a recommendation from Commission but implement now

Ms. Boutotte
. Briefly discussed 4 drug regimen

Dr. Fox
. Suggested development of statewide laboratory lists and stated Mass. unique in doing sensitivity testing

Ms. Boutotte/Dr. Scott/Dr. DeMaria/Ms. Etkind
. Discussed current specimen testing procedures (State/local labs.)

Dr. Miller
. Stated 4 drug regimen may not be a difficult recommendation

Dr. DeMaria
. Stated that susceptibility testing is not cost effective for local labs. (no advantage to doing)

Ms. Etkind/Dr. DeMaria/Dr. Miller
. Briefly discussed Smear Pos. sputums (most MAI) & 4 drug regimen

Dr. DeMaria/Dr. O'Connell
. Brief discussion re HIV reporting; wait/see how Conn. does

Dr. Miller
. Stated HIV reporting difficult; HIV emotional issue, would refuse TB tests

Dr. DeMaria
. Remarked that the State has increased concerns with re to HIV reporting

Ms. Etkind
. Stated that Conn. does not have many being reported

Dr. DeMaria
. Stated the following:

- will develop another draft
- encouraged Commission members to revise, edit etc.
- expressed concern from Commission re time line
- Goal; summer recommendations
- will notify of hospital meeting

Dr. Koch-Weser
. Briefly discussed compliance issue and fact that the first months are most important after which there is a slack off; from PH point of view need intense follow-up, get at least first 3 mos.

Ms. Etkind
. Stated that with 4 drug regimen - maximum Rx. for less time, especially with drug resistance

Ms. Boutotte

. Discussed DOT (Directly Observed Therapy) needed from beginning - less punitive, less negative impact

.....NEXT COMMISSION MEETING IS SCHEDULED FOR MAY 13, 1992

Meeting ended at 7:10 Pm

Amendments to April 15th Commission Meeting Minutes

Page 2 & Page 5

Outlined in bold print

be in place

Dr. DeMaria
. Brief discussion re future OSHA requirements

Dr. Koch-Weser
. In favor of community involvement & discussed concerns re TB control and the need for an integrated service (prevention/compliance etc.); work with the community, but under control of TB Program

• Emphasis: Everything under the control of the TB Program (centralized); ultimate responsibility lies with them

Dr. Moses
. Stated that successful education program throughout the State does not maintain level of knowledge esp. if seeing only one case; case supervision by central organization needed - sophisticated knowledge needed

Dr. DeMaria
. Stated that we should always be managing cases

. Discussed symbolic name change for program- to Division of Tuberculosis Elimination

Dr. Fox
. Stated that we need to devise a plan with an immediate impact, i.e. resistant cases (Boston); make major impact quickly - Reality - concentrate resources to an area with the best chance of success

. Stated that education should be centrally done by DPH to insure that providers have appropriate knowledge; perhaps establish a hotline (800 #) to record recommendations/answers.

. Boston needs to be coordinated with State; function independently

Mr. Aberdale
. Stated that an important aspect is for private practitioners, clinicians be aware of TB - utilize the education system; recommend students have annual TB skin test before start of school

Ms. Etkind
. Stated current recommendations re testing school children - test upon entry & later for high risk communities

Dr. DeMaria
. Stated that low risk areas are being tested as opposed to the high risk areas.

Dr. Miller
. Stated a danger with primary care providers putting people on meds, interpreting x-rays etc.; tricky reading x-rays, concern with use of local labs, methods of sputum inductions

Dr. Moses
. Agreed that interpretation of x-rays is difficult

Dr. Miller
. Suggested expanding ORWs at statewide STD clinics; joint TB/STD effort

Dr. DeMaria
. Stated that Federal Funds for STDs only

Ms. Etkind
. Referred to Supplemental Grant & drug resistance proposal (TB/HIV program within STD clinics)

Dr. Attia
. Brief discussion re:
  . hospital services to the community
  . commission members looking at hospital/community/state problems with TB

Dr. Coldiron

- Stated that the transition of some PH functions to being hospital-based is possible; but should be done in the context of a comprehensive transition plan which is negotiated among the involved interest groups including consideration of the resultant financial requirements.

Commissioner Mulligan
. Discussed hospital issues:
  . what would we want hospitals to be
  . move from STD, TB sites spread out to rethinking structure; link hospital to community, i.e. Dr. Fox's managed care, preventive medicine, uninsureds etc.

Dr. Coldiron
. Stated that the transition of PH function to hospital based function is doable

Commissioner Mulligan
. Agreed that we need that vision

Dr. DeMaria
. Discussed hospital issue with re to Commission members:
  . is it feasible?
  . would TB be a defined issue?
  . could a group get together to pursue the issue of TB in hospitals?
  . develop interactive with recommendations

Commissioner Mulligan
. Stated that the above was a good idea; perhaps Dr. Coldiron could discuss issues with some hospitals

Dr. DeMaria
. Stated need to discuss TB team in Hospitals
. Briefly discussed CT. making TB/HIV reportable
. Stated need for a separate group to discuss hospital bases community care
. Face future problems now

MEETING MINUTES: May 13, 1992

MASSACHUSETTS COMMISSION FOR THE ELIMINATION OF TUBERCULOSIS

Meeting Minutes: May 13, 1992

The Massachusetts Commission for the Elimination of Tuberculosis held its monthly meeting at the State Laboratory Institute. Those in attendance were:

COMMISSION MEMBERS IN ATTENDANCE:

Mr. John Brickley, Dr. Marie-Louise Jean-Baptiste, Dr. Scott Fox, Ms. Kathleen Hursen, R.N., Dr. Dieter Koch-Weser, Dr. Laurel Miller, Dr. Kwan Kew Lai, Dr. Noah Harris, Dr. John Moses, Dr. John Coldiron

DEPARTMENT OF PUBLIC HEALTH

Dr. Alfred DeMaria, Ms. Sue Etkind, R.N., Dr. Edward Nardell, Ms. Janice Boutotte, R.N., Ms. Linda Singleton, R.N., Ms. Mary Leary, Ms. Jo-Ann Keegan, R.N., Ms. Anne Empey, R.N., Ms. Carol Cahill, R.N., Ms. Josie Ford

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The meeting was called to order at 4:27 pm. Opening remarks were made by

Ms. Sue Etkind:

. Announced that Ms. Mary Leary would be leaving DPH to begin a new position at MGH. Wished her well

. Announced that Ms. Janice Boutotte, R.N., has been appointed to National Coalition for American Nurse Assoc.(ANA), in area of TB

. Briefly discussed the handout "National Action Plan to Combat Multidrug-Resistant Tuberculosis"

. Presented an update of Federal Funding for FY92

. Mentioned that she would be doing a poster presentation of the Mass. TB Commission at the National meeting of ATS/ALA Annual meeting in Miami next week.
. Stated that for TB cases Mass. ranked 20th. among states per CDC

Dr. DeMaria:

. Referred members to the latest draft recommendations - 2.2
  - removed Division name change recommendation
  - added surveillance section & reviewed with Commission members the recommendation to report cases to the State 1st & then State would notify appropriate localities
  - Stated that clinical aspects of TB would be discussed tonight

Dr. Fox

. Asked about funding for the new recommendations outlined in document.
. Stated that we needed to be innovative with regard to funding

Dr. DeMaria
. Suggested that funding be discussed at the June Commission meeting

Dr. Fox
. Stated that there was potential for funding within Gov't
. Need to look at a more realistic plan - more can be done if creative, & a better likelihood recommendations would be adopted/proposed

Dr. DeMaria
. Stated need for assurance that proposals would work; i.e. follow-up of active cases

Dr. Fox
. Suggested using creative tools; include in recommendations

Dr. Lai
. Stated that Measles immunizations for pre-schoolers are 100% paid by State - address TB skin testing similarly

Dr. Fox
. Gave an example of State/Federal funding items in Medicaid

Dr. DeMaria
. Asked if we can recommend all children pre-school to be tested; can it be put in the document?

Dr. Miller
. Stated that PPDs are part of HMO exams

Dr. Fox
. Suggested letting providers know that it's reimbursable
. Stated that we help patients or otherwise the document is esoteric

Dr. Harris
. Stated that education of health care providers will address this issue

Dr. Fox
. Stated why spend more money when you can spend less; need goals to accomplish this

Dr. DeMaria
. Mentioned problem of getting people Medicaid/Medicare eligible

Ms. Singleton
. Expanded on experience with getting LSH patients eligible - 60% on Medicaid

Dr. DeMaria
. Stated that this was one area we can do better

Dr. Koch-Weser
. Asked why it was difficult to get funding for TB as opposed to other chronic medical conditions and hospitalizations

Ms. Singleton
. Stated that this was partially due to the kind of patients

Dr. Koch-Weser
. Stated that IB was not the problem - poverty, homelessness the problem
. Asked if person gets another chronic disease, do they get reimbursed?

Dr. Fox
. Stated that HIV is in a different category of disease

Ms. Singleton
. Stated that they can get reimbursed but takes awhile & is difficult to obtain

Dr. Fox
. Stated it was harder to get an adult male on Medicaid; initially was designed for women & children & rules set by Federal Gov't make it difficult. Need significant medical disability

Dr. Dr. DeMaria
. Stated it would be nice to find creative way to make TB cases eligible

Dr. Fox
. Responded; at least drug resistant cases

Ms. Singleton
. Stated that with documentation, pts. can get covered

Dr. Moses
. Suggested demonstrating they are active; unemployable

Dr. Miller
. Suggested getting clinics to bill when they can, for select TB patients

Dr. Jean-Baptiste
. Stated that after 2 weeks patients able to go back to work

Dr. Fox
. Stated that funding is needed to care for those who aren't covered.
. Stated that the State should not be paying for drugs etc. just because person has TB (gave example of the executive with TB), get reimbursement

Ms. Keegan
. Stated that the executive entered State system after treatment failure while being followed by a private provider; patient developed resistant TB

Ms. Etkind
. Referred Commission members to page 22 of National Action Plan to Combat Multidrug-resistant Tuberculosis; Patient Management

Dr. Moses
. Asked how we would encourage seeking reimbursement

Dr. DeMaria
. Stated that we could stress the fact that services could be 3rd party billable

Dr. Fox
. Suggested looking into an interagency agreement, i.e., cost of Meds through State vs Medicaid
. Also suggested finding a way to institute some State Category for TB, making a person automaticly eligible for Medicaid and stated he would check with Legal

Dr. DeMaria
. Stated that we maximize care without barriers

Dr. Fox
. Asked if we knew % of illegal aliens

Ms. Etkind
. Stated that 50% of cases among foreign born- can't ask status

Dr. Miller
. Stated that the cost for patient care is low; look at what we are paying vs Medicaid

Dr. DeMaria
. Stated that there was no incentive for 3rd party reimbursement/billing

Ms. Singleton
. Reflected on Middlesex County Hospital; had profit from 3rd party reimbursement

Ms. Leary
. Suggested structuring unit/cost reimbursement rate into RFP

Dr. DeMaria
. Stated that this was tried in STD clinics and it works in some instances; don't want to dissuade person from getting treatment, they need to trust clinic providers (eligible get billed; non-eligible not billed)

Ms. Leary
. Suggested looking at school based clinics (without parental consent)

Dr. Fox/Dr. DeMaria
. Briefly discussed issue of consent

Dr. DeMaria
. Asked Dr. Fox & Ms. Singleton to follow up on above
. Discussed clinic survey of 3rd party billing

Dr. Jean-Baptiste
. Stated she was not for this - it was a dis-incentive; difference with TB & STD clinic patients

Ms. Singleton
. Stated that patient would never get billed

Dr. Fox
. Stated that it allows us to collect; if available we would use, but otherwise State covers

Dr. Miller
. Stated that if presented appropriately by skilled people, could work

Dr. DeMaria
. Stated that there were more resources with STD clinic patients

Ms. Boutotte
. Stated that there were clinics (TB) with no billing mechanism

Ms. Singleton
. Stated that system was there, but not utilized

Dr. Fox
. Stated that BC/BS providing software to providers; will give rapid/accurate eligibility information

Dr. DeMaria
. Suggested developing some ideas on funding proposals before next Commission meeting
. Discussed issue of Children:
  - increased risk, more severe
  - should all pre school children in State be tested?

Ms. Boutotte
. Provided current testing recommendations for children in high risk cities

Dr. Koch-Weser
. Stated that there was about a 30% school dropout rate within inner city

Ms. Boutotte
. Briefly discussed school survey; higher # of positives in 7th/10th grades

Dr. Fox
. Discussed school testing & 766 funding for any health service in school - way for State to bill Federal Gov't for things done for kids in schools

Ms. Boutotte
. Briefly discussed problem that this would increase need for more nurses etc., need parental permission

Dr. Fox
. Stated that if Public Health mandates; we need consent

Dr. DeMaria
. Stated the advantage of screening pre school; if they don't get tested, can't come to school; regulate this

Dr. Fox
. Suggested doing testing at the school, by school system; 50% potential for Federal reimbursement

Ms. Hursen
. Stated that 90% of students followed by private providers

Ms. Boutotte/ Dr. Moses/ Dr. Fox/ Dr. DeMaria/ Ms. Hursen
. Briefly discussed testing of children

Dr. Moses
. Stated that something is wrong when you have a 6 y.o. with a positive test & you can't find index case

Ms. Etkind
. Stated that the focus on kids has different issues than with regular follow up

Dr. DeMaria
. Suggested development of a plan/proposal for screening kids etc.

Dr. Miller
. Suggested that at the time of registration do; sign consent in school

Dr. DeMaria
. Stated that school entry screening recommendations need to be eased into schools etc.

Dr. Jean-Baptiste
. Stated that it was good idea to check at school site

Dr. Nardell
. Stated that it was a lot of testing for little numbers

Dr. DeMaria
. Discussed Refugee Health Program (RHP) with re to:
  - TB/Hepatitis B control within State with culture appropriate outreach
  - Federal Budget - funding zeroed out in Prevention & Control Budget

  - Recommend coverage under 1) Refugee Medical Assistance Grant & 2) Preventive Health Block Grant

Ms. Leary
. Suggested that this Commission make strong recommendation to have coverage under Preventive Health Block Grant

Dr. DeMaria
. Stated that:
  - 51% of TB Cases among Refugees/Immigrants/Undocumented
  - He wants to preserve the Refugee Health Program
  - Funding avail. for next Federal FY year
  - Recommendations are needed to preserve RHP

Dr. Koch-Weser
. Asked about the numbers of undocumented

Dr. DeMaria
. Gave an example of our Southeast Asian outreach program
. Stated that we needed consent of Commission to preserve RHP

Dr. DeMaria
. Discussed Friday, May 8th meeting with Commissioner re Hospital issues - Draft of proposals distributed

Dr. Coldiron
. Discussed draft proposals from Hospital meeting & stated that they were realistic proposals; not mandatory/regulatory
. Stated that he would like to work on wording of draft proposals; general intent acceptable
. Discussed amendment to April 15th meeting minutes

Dr. Koch-Weser
. Made a reference to the April minutes & stated his emphasis of the following point:
. Regarding the issue of community involvement & TB control; they could do it but the ultimate responsibility/supervision lies with a centralized TB Program. Compliance must be strongly stressed

Dr. Miller
. Stated that an integrated TB control service (prevention/control) can happen in a center like ours; would work very well

Dr. Koch-Weser
. Questioned if a person in a health center would be responsible to the State?

Dr. Miller
. Stated that it works with Immunizations

Dr. Jean-Baptiste
. Stated that this can't be done in our setting; compliance would decrease
. Also stated that she works in a community health center & a TB Clinic, setting is different

Dr. DeMaria
. Stated that we would still monitor

Dr. Nardell
. Stated that we need both; health centers & TB clinics for preventive treatment follow up

Dr. DeMaria/Dr. Nardell/Dr. Koch-Weser/ Dr. Moses/ Dr. Jean-Baptiste/ Dr. Harris

. Briefly discussed current/future preventive treatment follow up recommendations

Ms. Boutotte

. Questioned tracking of active cases by private providers; expressed concern

Dr. DeMaria

. Restated feeling of Commission members by saying "Medical Community not geared to taking care of TB"
. Stated it was unrealistic to think we can do everything

Dr. Jean-Baptiste

. Stated that the setting was not right; lose compliance - works with clinic because of outreach

Ms. Hursen

. Stated that nature of problem is that patients don't see as a problem; unlike treatment for Hypertension; it's a PH problem

Dr. Nardell

. Suggested follow up of high risk people in PH system; low risk could be done in other settings, if lost, ok.
. Stated concern with INH induced Hepatitis; legal aspect

Ms. Etkind

. Stated that for Elimination of Tuberculosis, prevention must be part of this; it comes down to focus (with high risk, maintain some control)

Dr. Nardell/Ms. Etkind

. Discussed that TB clinic populations not always the highest risk people

Ms. Boutotte

. Discussed need to educate practitioners/health centers re preventive treatment as a lot are not put on prev. rx

Dr. Moses

. Suggested supplying free INH for health centers to dispense; Division has to allow this to function in Pharmacy
. Stated that education be built into Risk Management CEUs

Dr. Nardell/Dr. DeMaria

. Discussed need to encourage private M.Ds to prescribe prev. therapy

Dr. Miller

. Stated that it seems this varies from clinic to clinic; a matter of priorities

Dr. Jean-Baptiste

. Stated that we should have a system in place, rather than change the system

Dr. Lai
. Stated that with HIV & TB, clients must go to 2 different clinics

Dr. Moses/Dr. Lai/Dr. Jean-Baptiste/Dr. Nardell/Dr. DeMaria/Ms. Etkind
Ms. Boutotte/Ms. Hursen
. Brief discussion re preventive therapy/follow up/compliance etc. in a
a primary care setting, infection control, & pilot of such a model

NEXT COMMISSION MEETING WILL BE JUNE 10th

MEETING MINUTES: June 10, 1992

MASSACHUSETTS COMMISSION FOR THE ELIMINATION OF TUBERCULOSIS

MEETING MINUTES: June 10, 1992

The Massachusetts Commission for the Elimination of Tuberculosis held its monthly meeting at the State Laboratory Institute. Those in attendance were:

COMMISSION MEMBERS IN ATTENDANCE:

Dr. Scott Fox, Ms. Kathleen Hursen, R.N., Dr. Dieter Koch-Weser, M.D., Mr. Luis Prado, Dr. Noah Harris, Dr. John Moses

DEPARTMENT OF PUBLIC HEALTH

Dr. Alfred DeMaria, Jr., Ms. Sue Etkind, R.N., Dr. Edward Nardell, Ms. Janice Boutotte, R.N., Ms. Linda Singleton, R.N., Ms. Mary Leary, Ms. Jo-Ann Keegan, R.N., Ms. Nancy Taylor, R.N., Ms. Josie Ford, Ms. Tanya Vanderlinde

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The meeting was called to order at 4:20 PM and was opened by Dr. DeMaria:

. General Comments

Dieter Koch-Weser

. Asked what the difference in responsibility was between the Boston TB Program vs State Program

Dr. DeMaria

. Explained that they work together; Boston has a good system in place

Dr. Koch-Weser

. Restated that Boston does the case finding etc; the State monitors cases but no direct involvement in Boston program

Ms. Boutotte

. Stated that local aid supports local health depts.

Dr. DeMaria

. While discussing draft recommendations suggested members focus efforts on strengths of the TB program
. Stated that comments forwarded to him were incorporated into document
. Revised recommendations will be mailed to members in July for review, edit & comment; once these are received by him, revisions to the document will be made and mailed to members in August.
A full Commission membership meeting will then be held in September.
. Discussed the subject of possible action steps to be taken with document recommendations

Ms. Boutotte

. Stated her concern that the Commission should identify resources to help meet recommendations.without resources to help meet Commission recommendations

__. Moses
- Suggested prioritizing recommendations; i.e, urgent focus, eventual focus
- Stated that Prisons should be included

__. DeMaria
- Suggested a rating system for recommendations

__. Koch-Weser
- Suggested defining recommendations; i.e., say "encourage" hospitals to do something vs "will" do something

Dr. DeMaria
- Stated that we had no power to "make" people do; Commission not able to make Community Hospitals PH oriented - can recommend this

Dr. Koch-Weser
- Stated that he understood Ms. Boutotte's concern re no resources to accomplish recommendations

Dr. DeMaria/Ms. Etkind
- Discussed wording of document re TB control

__. Koch-Weser/Dr. DeMaria
- Discussed assessing CHC/Clinics' capacity to incorporate Preventive Rx protocols

Dr. Moses
- Stated that there was effective infection control within hospitals etc., and deserve more emphasis. TB Control may need to educate etc. Program should also include Infectious Disease Society

Dr. Koch-Weser
- Stated that to guarantee compliance within CHC setting, will need increases resources to accomplish

Dr. DeMaria
- Stated that D.O.N. linkage is important - services provided in CHC setting; for staffing needs others could be trained within CHC and perhaps feasible to look to D.O.N. for funding; look at this as a source of resource development.
- Brief discussion re ? of level funding for next year & cost-shifting

Dr. DeMaria/Ms. Singleton
- Brief discussion re costs of TB drugs

Dr. DeMaria
- Stated that Federal Gov't may be doing something in future relative to barriers to access

  Discussed funding as it relates to the following areas:
  - special populations
  - staffing
  - clinics
  - Shattuck

. Etkind
. Discussed Commission recommendations & staffing needs to meet these recommendations

Dr. DeMaria/Ms. Etkind
. Briefly discussed funding/staffing needs to accomplish health education recommendations

Ms. Hursen
. Discussed critical need for education especially with cutbacks in Communities; need for awareness in high risk as well as other areas (more going on here) also Administrators of BOHs have less knowledge of communicable diseases
. Stated that a newsletter was a good idea

Dr. Koch-Weser
. Made reference to TB conference held in Colombia and the country's use of ORWs

Dr. DeMaria
. Discussed issue of budget with re to Gov't; discussed RFP (Request for Proposal) process (less clinics, increased costs) vs Rate Setting Commission; discussed possibility of RFQ (Request for Qualification) process whereby a place would show a TB Clinical Service & could bill us accordingly and then we could use RFP process for Regional Referral Clinics - get the services that meet our needs

Ms. Boutotte
. Stated that with this program, would be billed for more services

Ms. Hursen
. Remarked that there is a positive side to this process - less traveling for clients, less waiting time for clinic appt.

Dr. DeMaria
. Stated this would provide more options (places to go) for people

Ms. Singleton
. Stated that positive reactors more likely to be insured; active cases less likely

Dr. DeMaria/Ms. Singleton
. Briefly discussed RFP vs Rate Setting rates

Dr. Koch-Weser
. Asked about who would staff these clinics

Dr. DeMaria
Responded that they would within our criteria
. Summarized RFP/RFQ discussion to Dr. Fox
. Stated that active cases would be referred to Regional Clinics

Dr. Fox
. Asked Dr. DeMaria about MHA response to this idea

Dr. Nardell
. Discussed his concerns with concept of RFP (effective TB Program to a less effective one)

Dr. Fox
. Discussed RFP and also idea of combining other services with TB, i.e. HIV/TB/SID - may be a way to maintain overall program & meet educational concerns

Dr. Nardell
. Stated that a similar program started in Pittsfield

Dr. Koch-Weser
. Asked about quality of the 30 TB clinics

Dr. Nardell
. Responded that the M.D.s are good; Nurses are being laid off - have expertise

Ms. Singleton/Dr. Nardell
. Stated that problem of increasing numbers of clients & nurses can't see- discussed Lawrence as an example

Dr. Fox
. Briefly discussed Health Centers/Federal Qualifications & that Mass. League of CHC looking to open others

Dr. Nardell
. Discussed need for more sites for Preventive Rx, also quality control of such

Dr. Fox
. Suggested wording of RFP to include for specific needs

Ms. Boutotte
. Briefly discussed logistical problems for some clinics with re to evening clinics, interpreters, no available appointments etc.

Dr. DeMaria
. Responded that needs be spelled out in RFP
. Model proposal = Regional Clinic with cluster of small sites (Community Hospital etc.). Base on low/high need i.e., "Framingham" as Regional site others as satellites feeding into Framingham

Dr. Nardell
. Stated inability to see future savings

Dr. DeMaria
. Response -look at secondary gain

Dr. Nardell
. Stated enormous educational need to increase provider knowledge

. Nardell/Dr. DeMaria/Dr. Koch-Weser

. Briefly discussed clinic need i.e., Pulmonary M.D.; involvement of Pulmonary Medicine Dept., Infection Control for education; and that Infectious Disease M.D. not on staff at all Hospitals

. Fox

. Suggested that for education, with less cost to State use MMS; recommend that they do mailing of educational materials/resources

Dr. DeMaria

. Stated that education is good - outcome of such is a concern

Dr. Nardell

. Stated intrinsic problem with Preventive Rx - no appreciation of cases prevented

Dr. Koch-Weser

. Stated that compliance with preventive Rx is better with 30 clinics than with fewer; increase community health workers to increase compliance

Dr. DeMaria/Dr. Fox

. Briefly discussed Medicaid funding, Fee for Service etc

. DeMaria

Stated that the goal was to provide service with the least cost to the State

Dr. DeMaria/Ms. Boutotte

. Brief discussion centered on RFQs; who will do, quality of service, renewal period

Dr. DeMaria

. Discussed "Ted Badger" 2-day conference planned for December 8th & 9th as good time for members to meet/celebrate
. Discussed Inpatient Care
  - increasingly difficult cases; psych problems, drug use, HIV
  - readmission rate dropped by 1/2 due to locked unit & comprehensive Rx (Rehab etc.)
  - 70% of clients are Boston/Metro Boston - 3rd Party Billing is effective - unit pays for itself
  - average length of stay is 90 days

Dr. Koch-Weser

. Asked about I/P HIV status

Dr. DeMaria

. Responded that possibly 20% HIV pos.; but we don't test

Dr. Nardell

Responded that this was probably higher

Dr. Fox

. Asked if we ask to test

Ms. Boutotte
. Replied yes

Dr. Fox
. Stated that the numbers should be accurate; Shattuck has numbers

Dr. Moses
. Stated that most of these not AIDS

Dr. Nardell
. Briefly discussed role of HIV infection with reactivation of TB

Dr. Nardell/Dr. DeMaria/Ms. Boutotte
. Discussed accessing HIV info

Dr. Fox
. Asked if HIV positives discharged early increase PH risks

Ms. Boutotte
. Responded that those with low risk discharged

Dr. Nardell
. Stated that a number of people are involved with decision to discharge a client; key to this is transmission of disease

Ms. Boutotte
. Responded that transmission of disease as well as future access to client important

Dr. DeMaria
. Stated that if there is 1 Inpatient Unit it should be in Boston & it should be locked unit - helpful if Commission recommends:
  - keeping locked unit
  - maintaining "Menace Law" (brief discussion re problems encountered with recent actions)

Dr. Fox
. Stated that DPH should never lose on Court commitment cases, i.e. medical backup, lawyers etc.

Dr. DeMaria
. Discussed legal issues & fact that MCH had good procedure

Ms. Keegan
. Stated that at MCH medical testimony was given to Court vs procedure now at Shattuck

Dr. Moses
. Brief statement re convincment of Judge/Lawyer

Dr. Nardell
. Mentioned that the topic of compulsory hospitalization/Rx was raised at the recent ATS meeting and that some States had poor experience with this (i.e., LA opposed)

Ms. Hursen
. Briefly discussed her experience with 2 specific clients who had to be menaced - at times all efforts don't work

Dr. Nardell
. Stated concern that use of Law might RR clients vs using intensive follow-up instead

Ms. Keegan
. Recommended making Community responsible for paying portion of Inpatient hospital costs

Dr. Nardell
. Stated that with decreased resources in towns there is no choice but to admit

Ms. Etkind
. Stated that it was up to us to determine if appropriate for hospitalization

Ms. Hursen
. Stated that knowledge of unit & possible hospitalization is sometimes a deterrent

Dr. Nardell
. Stated that in Denver a tour of the lock-up unit is given to clients as deterrent

Ms. Boutotte
. Stated that there was good success with Rehab. services at LSH

Ms. Etkind
. Stated that CDC was impressed with LSH TB unit and N.Y, Calif. also interested in

Ms. Etkind/Dr. Nardell
. Brief comments re N.Y. situation

Dr. DeMaria/Ms. Etkind
. Discussed regional centers within U.S.

Dr. DeMaria
. Stated that LSH is a well defined Unit; need to write Commission recommendations; vulnerability in medical/legal area

Dr. Fox
Suggested having Drs. available at Court hearings

. DeMaria

- Briefly discussed following Regs. issues:
  - rewriting of Regs. (from 1963), going to PHC in September
  - link changes in Regs. to recommendations
- Discussed adding of additional changes to document
- Noel Harris, M.D. will be leaving private practice to go to New Mexico but will complete commitment to Commission
- Again discussed mailing of revised document to members in July and next Commission meeting will be scheduled for September 9th.

MEETING MINUTES: September 9, 1992

MASSACHUSETTS COMMISSION FOR THE ELIMINATION OF TUBERCULOSIS

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COMMISSION MEMBERS:

Dr. Paul Farmer, Ms. Kathleen Hursen, R.N., Dr. Dieter Koch-Weser, Dr. Laurel Miller, Dr. Kwan Kew Lai, Dr. John Moses, Dr. John Coldiron

DEPARTMENT OF PUBLIC HEALTH

Dr. Alfred DeMaria, Jr., Ms. Sue Etkind, R.N., Dr. Edward Nardell, Ms. Janice Boutotte, R.N., Ms. Josie Ford, G.N., Ms. Jo-Ann Keegan, Ms. Anne Empey, R.N., Ms. Carol Cahill, R.N.

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. Brief discussion of DON (link to community services)
. Stated that Hospital Assoc. has a different view from Department

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. Referenced pages 17 & 40 with re to DON Linkage

Dr. DeMaria
. Stated that it gives institution option to provide services
. Why not use a resource that is available
. Stated it should be a decision of the Commission membership

Dr. Coldiron
. Stated Commission has leverage to apply. Inappropriate to include in this document

Dr. Moses
. Asked, is there an alternative mechanism?

Dr. DeMaria
. Responded "Direct payment of Services" - no other way to get to do services; idea was to apply to suburban/rural area - provide some service to Community

Dr.Coldiron/Dr. DeMaria
. 5% of total expenditure
. Question asked if there was any more discussion re this issue

Dr. Coldiron
. Stated "I make formal motion to remove references to DON Linkage", page 17 (4th bullet) & page 40 (last sentence).

Dr. DeMaria
. Stated "Remove Action Step on Page 17 & 40 re DON Linkage (Community Initiative Proposal)
  . All in favor of removing: 1 member opposed motion
    4 members approved motion
    2 members abstained

. Brief discussion of wording of document; will vs should:
  Action steps referring to Department = would be will
  Recommendations = would be stated should

Dr. Koch-Weser
. Noted wording "encourage" in Action Steps

Dr. DeMaria
. Stated that some of the words were removed

Dr. Koch-Weser
. Made reference to page 12 of old document version
. Statement made to discuss general issue Community Health Centers - would like to do, but no funds

Dr. DeMaria
. Hopeful using RFQ approach; those providing TB care must meet certain specifications/guidelines with reimbursement for service

Dr. Koch-Weser
. Vague role of supervision - don't think it will be done, ie. each case of TB followed with supervised therapy; have concerns

Dr. DeMaria
. Will be done; different perspective
  We must provide service through a mechanism, ie., RFP - smaller number of clinics

Dr. Koch-Weser
. Need coercion - will they do
. Medicaid/Medicare - can they provide services (refer to handout)

Dr. DeMaria
. Re Medicaid handout-hold discussion until Scott Fox arrives. If eligible, Medicaid will pay; no coverage-State will pay.
. HCFA - Disability Category; SS/Medicaid eligible if disabled with TB if done on a national level
. We should be actively involved with lobbying efforts

Dr. Koch-Weser
. Re document as a whole-Boston TB service is far superior to others I know; worried that giving these services away to others; do we really have people who know TB, are they going to be as good as we have now

Dr. DeMaria
. We will supplement clinic services we have now-will be better, ie., STD/TB Clinic at Pittsfield is a comprehensive clinic - continuing service; we need to do something

Dr. Koch-Weser
. Aren't you increasing diffusion of services?

Dr. Koch-Weser
. Responded with current discussion

Dr. Moses
. Division would supervise - would be educational role rather than doing it all

Ms. Boutotte
. An increase in resources is hoped for
. Also, TB testing in STD Clinics; this will supplement current services
. Responded that changes was not diffusing but rather expansion of services

Dr. DeMaria
. Some leap of faith is involved; needed
. Privatization by State is reality; Federal-combined services-more with same people
. Funding - State issue in a certain way

Ms. Etkind
. Jury out on this-case containment ok; preventative Rx ?? Question is if others can do prevention activities

Dr. DeMaria
. Health center providers need to pay attention to TB
. Spoke with L. Prado - discussion of need of "promoters" to go into the community; need credibility

Dr. Koch-Weser
. Community Health Centers will have a greater role without an increase in costs/resources?

Dr. Miller
. Community Health Centers with Federal Funds to provide care for uncovered - they need to do this - may push their resources further
. With an increase in patient load - ask for increased resources
. Not all Community Health Centers; supposed to provide care

Dr. Koch-Weser
. Community Health Centers include supervised coverage for therapy?

Dr. DeMaria
. We would still do this
. RFQ - Must provide this service for funding

Dr. Miller
. One would hope population at Community Health Center being tested

Dr. Lai
. Not standard practice for all Community Health Centers

Dr. Miller
. At our center it is
. TB is big concern for those who care for low socioeconomic individuals

Dr. Lai
. Need to publicize with Primary Care Providers - unless running HIV clinics

Ms. Boutotte
. A lot are doing this

Dr. DeMaria
. HMO - should find out if routinely done

Ms. Boutotte
. Some do - high risk

Dr. DeMaria
. Should we say high risk or should we test low risk also?

Ms. Etkind
. Problem - prioritizing services; if directed to high risk - careful with wording
. Referring to Elimination Plan (CDC) - everyone should be TB tested

Dr. DeMaria
. Apply risk test - high risk identified but miss some low risk individuals

Dr. Moses
. OSHA/Hep. B - High risk/low risk categorizing - something like that needs to be done

Dr. Farmer
. Referred to New York/Multi-Drug Resistance; epidemic not seeping down to people

Dr. Farmer
. For Accreditation - minimum # tested

Dr. Nardell
. Patients or Staff?

Dr. DeMaria
. Will happen with Staff
. Control measures at Hospital - OSHA recommendations coming
. JCAH & OSHA not for Pt. care

Dr. Coldiron
. Joint Commission - Stays away from stating guidelines-inclusive with "quality of care"

Dr. Koch-Weser
. Are we retaining M. Avium cases?

Dr. DeMaria
. Stayed away from M. Avium & providing TB drugs for - ultimate function is Rx of active TB - prevent transmission; drugs not given-Aids Surveillance program involved with - increase in M. Avium related to HIV/AIDS.

Dr. Moses
. JCAH - not direct patient care - quality of care; just need to be trained to go out - do you have TB testing procedures that encourage practice rather than require?

Dr. Nardell
. Need a place to report/note results; sticker on chart?

Dr. DeMaria
. State requirements re Rubella recording on chart; Hep B vaccine requirements - TB problem, increasing severity in health care setting

Dr. Miller
. PPD placement & reading results; everyone tested in clinic - not able to come back for reading (?read their own, use card, ORW goes to read)

Dr. Koch-Weser
. Nurses currently read; with increase in ORW they can do

Ms. Boutotte
. Do we want everyone skin tested?

Dr. DeMaria
. If already in a health care system - test then

Dr. Nardell
. Need some identifiable risk

Dr. DeMaria
. Alternative test in future?

Dr. Nardell
. Probably

Dr. DeMaria
. Stigmatizing people at high risk

Dr. Nardell
. How you define high risk is issue - geographic less stigma than say racial

Dr. DeMaria
. HIV/Prison screening - inmates thought screening was a way of knowing HIV status
. Recognition in State Gov't of need for increase funding for TB Control-before if increase here, take away from somewhere else
. Where does it come from & how to implement things

Dr. Koch-Weser
. Delegate to others; if you have funds spend on service which has been proven to be good; distribute to TB providers/clinics etc.

Dr. DeMaria
. We should be developing resources for communities to do more
. Who can do best with service - we tend to limit our "basket"; maintain increase & small agencies or focus on those that provide best service

Dr. Miller
. Rx of cases - need well controlled with current system; preventive - needs to be broad based; focus here how to achieve

Dr. Moses
. Document makes statement well

Dr. DeMaria
. RFP - way of doing

Dr. Miller
. Concern - take Rx money use for preventive services
. State needs to support both - don't want same resources spread thin

Dr. DeMaria
. This mechanism allows us to do, we need increase funding; but use as guide
. Since last meeting
  - N.Y.C. TB Control et al toured Shattuck (National Model)
  - Reimbursement for Service - breakeven

Dr. Nardell
. Fortunate we had institution with services in place

Dr. DeMaria
. L. Prado suggested - cite Health People 2000 in context here - pull TB ones & match objectives
. To start process - revise document, 5.1 reprint with DON removal major changes done after
. Public Hearings Announcement - September 30 (SLI) & October 26 (Spfd) - members encouraged to go
. We will summarize hearings - record
. Interest already in - local health dept. - helps them make their case, community centers, correctional

Dr. Nardell
. Point - more $, few holes in system, needs assessing - RFP - but under current system nothing in education centers, Longwood area, Tufts - specific attempt to patch these holes in document
. Expansion funds won't be sufficient to cover
. Accountability/hard to get info

Ms. Boutotte
. Can apply for RFQ process - we will provide Meds

Dr. Nardell
. Gaps in this area

Dr. DeMaria
. Agree

Dr. Nardell
. Outpatient clinics etc. interested in TB

Dr. Farmer
. Can absorb costs - growing interest, ie. at my clinic - someone recommends referral to BCH when my hospital could do with Meds.

Dr. DeMaria
. All they would need is to let us know what they are doing

Dr. Farmer
. Accountable to TB System

Dr. Koch-Weser
. Universal problem - those caring for TB - vast majority have decreased knowledge of TB, Meds., etc. - my worry

Ms. Boutotte
. We need to do education etc.

Dr. Farmer
. People & B&W know more about HIV Rx than TB

Dr. Nardell
. Double edge sword - separate thing; TB in TB Clinic

Dr. DeMaria
. Referred to Book by B. Bates: "On TB Care" - goes through Flick papers from 1876-1938
. Community Health Network Areas-concept, State divided into interactive regions, bring things to local levels; looked at 3 areas - New Bedford, Spfd, Southern Essex County - these are initial areas; looking at 22 others now; Dept. RFP these now; need to come up with proposals with linkages to share resources/care

Dr. Moses
. What is patient population at LSH now?

Ms. Boutotte
. 10-12

Dr. Moses
. Could Division encourage one fellow I.D. to come to LSH for training & gen'l interest

Ms. Boutotte
. Have some there now; sit in on pt. care conferences

Dr. Nardell/Dr. DeMaria
. Good idea - one month rotation good

Dr. Koch-Weser
. Would you do with Internal Med. fellows

Dr. Moses
. No; I.D. fellows - offer as new resource

Dr. Nardell
. Problem at clinics with turnover of fellows

Dr. DeMaria
. Good experience for Pulm.

Dr. Miller
. Do they Rx atypical?

Dr. DeMaria
. No

Ms. Boutotte
. Prison/HIV Unit

Dr. DeMaria
. Draft 5.1 document will be available at Hearings; Bureau Directors in DPH; Legal Staff; Policy & Planning
. Proposed Public Policy student to look at implementation steps
. November 1st. Penultimate draft to be completed
. Regulations - Revision should be in light of recommendations. More of a commitment in this area
. Need to do to cover our RFP process etc - go through Legal; PH Council . Because of CH Network Areas - do needs assessment in Spring; July 1
implementation; look at initial 3 process
. Local Health Dept.s - tried to add specific suggestions - make it clear we understand problem
. Lab Services - problem with doing - Retained Revenue Acct.; charge but it would go into gen'l fund

Dr. Nardell
. Lose a valuable service

Dr. DeMaria
. Medicaid - promising based on these recommendations- we should move ahead - not self-serving

Dr. Koch-Weser
. Paying for Drugs - can we charge Medicaid?
. Costs State more if we charge Medicaid for Drugs - pursue Managed Care Approach
. PH Clinic Model - have a facility, not be replaced
. ? or ORW Services

Dr. Nardell
. 83 different "Country of Origins" for clinic pts. in one year

Ms. Hursen
. 46 primary languages in Framingham Schools

Dr. Miller
. ORW - multi-functional use of ones available for other kinds of care

Dr. DeMaria
. Doing now with WIC & Immunizations

Ms. Etkind
. Dr. Miller has a good point - STD ORW in some sites, if available time could do TB

Dr. DeMaria
. Problem - changing from one job now and then thinking of another disease

Dr. Miller
. Include in training sessions for ORW training

Dr. DeMaria
. Substance Abuse Provider Community - doing training with them now
. Mass Media - we don't use for much; Public Service Announcements on TV ($126,000. to make 20 min. tape)
. Rabies (N.J.) - use theirs with our name - 6 AM Sun.

Dr. Koch-Weser
. Increased programming on HIV etc. getting good PR

Dr. DeMaria
. Need advocacy

Ms Etkind
. ALA - should be playing major role in PR

Dr. Nardell
. Mixed message - financially strapped; have cross purposes

Ms. Boutotte
. Need spokesperson

Ms. Etkind
. Mass Media - other ways to access

Ms. Boutotte
. Cape Verdean - has some spots

Dr. DeMaria
. Chemoprophylaxis - take this issue up at another time
. INH - All should get - how much of an investment do you make if you don't follow through; do it right

Dr. Koch-Weser
. Shouldn't you mention BCG - especially with CDC recommending it in certain circumstances

Ms. Etkind
. ACET - BCG on agenda at next meeting

Dr. DeMaria

. Next meeting: Public Hearings - Sept. 30., Oct. 26
. **Meet here Nov. 4 for Commission meeting-**we will distribute 5.1, work on wording, reopen discussion on chemoprophylaxis, BCG
. Brief discussion re new Division Logo

Revisions to September 9th. Commission Meeting Minutes:

Page 1 - Dr. Coldiron - deleted word "removing" from his first set of comments

Page 5 - Dr. Coldiron - added word "practice" to his statement

MASSACHUSETTS COMMISSION FOR THE ELIMINATION OF TUBERCULOSIS

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MINUTES FROM THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEARING ON PROPOSED RECOMMENDATIONS MADE BY THE
MASSACHUSETTS COMMISSION FOR THE ELIMINATION OF TUBERCULOSIS

****

Public Hearing was held on September 30th., 1992 at the State Laboratory Institute in Jamaica Plain.

COMMISSION MEMBERS IN ATTENDANCE WERE:
Ms. Kathy Hursen, Dr. John Coldiron, Dr. Kwan Kew Lai

DEPARTMENT OF PUBLIC HEALTH STAFF IN ATTENDANCE:
Dr. Alfred DeMaria, Jr., Ms. Sue Etkind, Ms. Janice Boutotte, Ms. Linda Singleton, Ms. Jo-Ann Keegan, Ms. Nancy Taylor, Ms. Anne Empey, Ms. Josie Ford, Ms. Marilyn DelValle, Ms. Jennifer Cochran, Ms. Sally Cheney

ORAL TESTIMONY/COMMENT PROVIDED AS FOLLOWS:

Dr. Alfred DeMaria, Jr.

. Stated that the Hearings were being recorded so that we have a record of this and also the other Commission Members can receive a summary for their review

. Invited attendees who wished to provide written/oral testimony or comments etc. to do so and stated that their comments etc. would be included in the compilation of testimony to this Commission and would be welcomed

. Presented background on the Commission for the Elimination of Tuberculosis

. Commission organized in November of last year with 20 members who are representative of a broad spectrum of interest in TB Control, health care, community based organizations, community health services and government services

. The Commission who through a series of meetings which started in December and included a tour of the Tuberculosis Treatment Unit at Lemuel Shattuck and visit to the TB Program at Boston Dept. of Health & Hospitals.

. The Commission as a working group has developed a list of 30 proposed recommendations

. Next Public Hearing scheduled for October 26th., at Springfield Municipal Hospital

. Received the following written comments re document:
  - S. Bartlett, Infection Control Nurse at Nantucket Cottage Hospital; comment on the needs of the Island people with re to receiving preventive therapy/meds and services and

difficulty obtaining services by going off Island
- Bureau of Substance Abuse Services has presented revised action steps (action step 8 revision, page 20) which delineate that Bureaus commitment in TB control efforts

- Dr. Kwan Kew Lai submitted her concerns with re to the RFP process & 3rd party reimbursement

. Asked audience to sign in; asked for comments

Dr.John Bernardo, DH&Hs City of Boston
. Agree with most statements in document
. Concerned with recommendation for central reporting given the number of cases in Boston and access needed to this information
. Asked that Boston be exempt from central reporting to State
. Support comments regarding outreach to Neighborhood Health Centers, large population of people at risk of TB infection in Boston and need these services

Ms.Sundary Pouk- Outreach Worker, Refugee Health Program, DPH
. Thanked Commission for giving RHP opportunity to speak
. Introduced Sem Tan and his experiences with Program

Mr. Sem, Tan
. Thanked Doctor who took care of him and his son
. Introduced son; Sem, Mao
. Thanked DPH and all Dept.s for making son healthy and strong
. Went to BCH for treatment
. Wife took medication also

Mr. Suong, Sarin
. Thanked Government for bringing family here (11 persons; 9 are children)
. Went to Revere Health Center; Diagnosed with diabetes & TB
. No problem in health before coming to the U.S.
. Stated his fear of going to a Doctor; afraid of surgery and injections
. Outreach by Sundary Pouk who convinced him to go to Doctor; after exam at MGH was hospitalized for 8 days
. End of March given medicine; since taking medicine he feels better and has gained weight
. Family took medicine after he was brought to hospital; wife especially afraid of hospital but after speaking with Sundary she was not afraid
. Sundary visits three times a week
. Thanks to all of us here & U.S. for making him feel healthy

Dr. Alfred DeMaria, Jr.
. Asked Mr. Sarin Suong if the Outreach Worker hadn't spoken with him would he have gone to Revere Health Center for care

Mr. Sarin Suong
. Responded he was afraid and unable to pay for care; but Sundary helped

. Responded to question from Dr. DeMaria (how many positive in family ?); response 15 infected

Dr. Alfred DeMaria, Jr.
. Introduced Sunna Som, Refugee Health Program
. Briefly discussed recommendations with re to Refugee Health Program; funding in danger across the Country; concern about maintaining current services
. Opened hearing to others wishing to present testimony

Dr. Jo Seibel - Internist, South End Community Health Center
. Anxious to do preventive therapy with some financial support
. Population served at health center 70% hispanic, 90% of those come from Puerto Rico
. Recently started giving preventive therapy, not getting good followup at BCH TB Clinic even thought its just down the street; prefer coming to health center for all their care, everyone at health center speaks Spanish and its a close-knit community
. Clients prefer care at South End; client pays half, center pays half for preventive meds.; concerned with possible INH side effects and interested in developing program through TB Division

Dr. Alfred DeMaria, Jr
. State Funds TB Clinics currently
. Concern is to provide accessible care; proposal in recommendations to provide 2 tier system with re to referral centers/RFQ for followup care/preventive therapy

Dr. John Bernardo, Tuberculosis Clinic Director
. Comments to Dr. Seibel; Regarding patients going to local health center - the factor is the long wait for clinic appointments; routine screening has 2-3 mo. wait
. Need to be able to accommodate more patients.

Ms. Kathy Foley - PH Nurse, Boston DH&H
. Work with HIV patients; active TB with HIV
. Stress the importance of case management of patients with both these diseases
. PH Nurse for TB - however case manage HIV also, come to trust PH Nurse, some have no primary care for HIV
. In my area as well as with homeless - can't over emphasize case management with PH Nurse-to assess, to link people, complicated medical & psychosocial histories for many of them
. Appreciate Lemuel Shattuck Hospital(LSH); a vital link; couldn't do job without LSH

Dr. Alfred DeMaria, Jr.
. Asked about different experiences with Middlesex County Hospital/Lemuel Shattuck Hospital

Ms. Kathy Foley
. Stated they got patient there, but patient would of left

. Support document recommendations regarding LSH

MS. Carolyn Murray, Tuberculosis Program Manager/Nurse Supervisor
Boston DH&H

. Emphasized strong support to BDH&H from State TB Program - (S. Etkind, L. Singleton, J. Boutotte etc.) strong support, ties & relationship allows us to do the job; shown by our numbers; numbers are coming down, we're starting to be successful
. Funding has helped with preventive as well as active cases
. RHP & Boston work as a team; relationship incredible need to reach people in their own environment, understand there culture, values, beliefs etc. health centers/private doctors - not opposed to giving out preventive therapy, but with support
. Give services in language people understand
. Need programs to help with compliance
. LSH - Long process before we had LSH; Imperative that we keep; need for the toughest/most difficult patient as a last resort

Dr. Alfred DeMaria, Jr.

. Tribute to BCH - when you look at trend
. Goal should be elimination of TB

Ms. Hermide Mercier

. Address problem of refugees - foreign born rates high; must consider cultural ways; takes time for them to understand western way
. One way to combat TB, Compliance is with education; make people understand how important it is to take meds
. More needs to be done to raise consciousness
. Use Media (radio/TV) - people view in their own homes; give culturally appropriate message
. Evening clinic needed - good for those with job/other responsibilities

Hearing adjoined at 5:35 PM

MEETING MINUTES: October 26, 1992

MINUTES FROM THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEARING ON PROPOSED RECOMMENDATIONS MADE BY THE
MASSACHUSETTS COMMISSION FOR THE ELIMINATION OF TUBERCULOSIS

****

Public Hearing was held on October 26th., 1992 at Springfield Municipal Hospital, Springfield

COMMISSION MEMBERS IN ATTENDANCE:
Commissioner David Mulligan, Mr. Terry Aberdale

DEPARTMENT OF PUBLIC HEALTH STAFF IN ATTENDANCE:
Dr. Alfred DeMaria, Jr., Ms. Sue Etkind, Ms. Josie Ford, Ms. Jennifer Cochran, Ms. Bich-Ngoc Vu

ORAL TESTIMONY/COMMENT PROVIDED AS FOLLOWS:

Dr. Alfred DeMaria, Jr.
. Presented a brief introduction of the Commission
. Asked Ms. Bich-Ngoc Vu to interpret for Vietnamese-speaking presenters.

* Over 50 people attended the Hearing; many presented testimony

Bich-Ngoc Vu
. Explained proceedings to S.E.Asian attendees

Trinh Hung
. Explained that he lived in Worcester
. Stated that health care in Vietnam was very limited, but with help of RHP learned information about appointments, preventive medicine and TB; RHP Outreach worker (ORW) encouraged us in taking meds and completing treatment
. This initiative has tremendously helped us and other newly arrived refugees

Mui Nguyen
. Stated she just arrived in US; that she is elderly - ORW explained system, meds, but need more especially elderly concerns; concern with need for documentation; it's hard and no one to help; need the RHP
. Problem with Welfare department; health verification needed to be eligible for benefits; RHP us with getting benefits/job etc.

Lien Tran
. Just arrived from Vietnam and has young children; they are often sick but with help from DPH re interpreting etc.; tremendous help to me. Have 5 children ranging in ages from 7-17

Son Nguyen
. Just Arrived; stated that bilingual staff really needed

Ngoc Thanh Lam
. Came from Vietnam; poor background; preventing illness not big in Vietnam
. Lack of English skills is a problem; bilingual staff needed

Hoi Vo
. New arrival from Vietnam; many new situations, but utmost problem is language barrier
. New life and new culture, with no staff it would be difficult to communicate with various agencies and the new environment

Commissioner David Mulligan
. Asked Hoi Vo how long she was here; Hoi Vo responded she was in Springfield 2 months
. Asked Hoi Vo if she liked it here; she responded she liked life here; children can go to school; freedom issue; new culture, new system is problem

Ha Thu Nguyen
. Arrived 8 months ago; in Vietnam knowledge of TB was zero; but since coming here have received education; bilingual staff good and help with accessing services

Commissioner David Mulligan
. Asked where do you go for health care? responded that because of lack of English language go only to Vietnamese Doctor
. Asked how many Vietnamese in Springfield? response from audience was 3,000 Southeast Asians (more Vietnamese) in Springfield area

Tuyet Lam
. Newly arrived through Orderly Departure Program; ORW staff has helped me; other health needs not met except for TB
. Thanked panel for listening

James Muspratt, M.D.
. Disappointed with document; nothing new
. Perception of problem as I see - wayward persons who cannot be treated
. You are problem; calling yourselves a Commission for Elimination - elimination is a pipe dream
. Concentrate on control of TB
. Recommendation #3 - focus on resources you have; re-educate nurses in primary care network
. Endorse Recommendation #4 - supply of meds essential; won't become easier/cheaper
. See increased numbers of pious hopes of cooperation - i.e., Mass. Medical Society etc.
. Unhappy on stress placed on preventive services; 1/3 of those in a room probably resistant to INH; why are we spending so much time on it?
. Why is there focus on nursing homes; we're not Arkansas
. Three areas to congratulate DPH -
  1) Division of TB Control doing good job
  2) Expansion of TB laboratory endorsed
  3) Communication important
. Attention to difficult patients; social disruption; no means to control behavior of those individuals; ensuring stopping spread of disease among these people is having LTC facility-cumbersome process however; if you can't control those things (social disruptions) you can't control TB

Commissioner David Mulligan
. Resources go to those with insurance (for pre-employment etc.); use insurance to free up funds for those that don't have coverage
. Hope still is to eradicate TB

James Muspratt, M.D.
. Divert focus in defining problem controlling TB

Dut Thi Thach
. Would like to convey message - Khmer born and lived in Vietnam; limited access to health care there; need Psych. help, lot of pain, need help to access needed services

Hui Thi Nguyen
. Recently diagnosed with Cancer; staff with ORW are tremendous help - need more to deal with Public Welfare & other systems.
. Thank you for listening

Thao Thi Thi
. Recently came to US; need help in accessing care

Mui Huynh
. Just arrived with son; I received financial help but have many health problems (head pain/numbness) with no relief/help; ORW helped with appointment to see American Doctor

Tam Nguyen
. New refugee from Vietnam
. Thank you to Commission for listening to our issues
. Have been sick many times; go to Vietnamese Doctor; pain from arthritis and lot of other health issues, welfare issues - need staff to speak my language; to help with these issues

Sen Pham
. Recently came here; no complaints; help with bilingual staff - would like to retain these services

P. Huynh
. Surprised to hear Commissioner is here to listen to problems
. Three areas of difficulty; the country (geographic)
Cultural differences
language
. ORW is liaison from our community to American health care; would be lost without this

Millie Rivas- Gandara Mental Health Center
. Told audience of Psych. services available; Center has an Amerasian therapist and Korean Psychologist there available for this Community
. Physician is Dr. Hung Nguyen

Barbara Farrell, R.N.- Ambulatory Care, Baystate Medical Center
. Re Recommendation #25 - recently hired young bilingual ORW to do TB outreach at STD Clinic
. Re Recommendation #26 - Specialty MDs in TB Clinic, fee structure is

$15 per visit; concern with MDs re billing for service for those with insurance/3rd party pay

. Re Medicaid Managed Care - Private Practitioners don't participate - maintain ability to do PPDs but give patients prescription and told to go find someone to do; look at this carefully

Commissioner David Mulligan

. Poor response from private MDs to Medicaid Managed Care - low level of participation in area
. Briefly mentioned Community Health Network

Barbara Farrell

. Billing 3rd. parties will help, but private MDs need to do PPDs etc.

Ngoc Duong

. Stated he has young children; problem getting them health care; immunizations etc. accessing care is a problem also interpreting; needs help getting places

Le Quyen

. Recently arrived; ORW worker (Nellie) helping family; giving information taking me places; necessary having ORW

Alfred DeMaria, Jr.

. Executive session scheduled for November 4th at the State Laboratory Institute
. Presentation of Recommendations to Public Health Council on November 24th.
. Announce Commission Recommendations at "Ted Badger" conference on December 8th & 9th

Hearing ended at 6 PM.

MEETING MINUTES: November 4, 1992

MASSACHUSETTS COMMISSION FOR THE ELIMINATION OF TUBERCULOSIS

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Meeting Minutes: November 4, 1992

The Massachusetts Commission for the Elimination of Tuberculosis held its monthly meeting at the State Laboratory Institute. Those in attendance were:

COMMISSION MEMBERS IN ATTENDANCE:
Dr. John Coldiron, Ms. Kathleen Hursen, R.N., Dr. James O'Connell, III, Dr. John Moses, Mr. Terry Aberdale

DEPARTMENT OF PUBLIC HEALTH
Dr. Alfred DeMaria, Jr., Ms. Sue Etkind, R.N., Ms. Janice Boutotte, R.N., Ms. Linda Singleton, R.N., Ms. Josie Ford, R.N., Ms. Salley Cheney, Ms. Anne Empey, R.N., Ms. Jo-Ann Keegan, R.N., Ms. Nancy Taylor, R.N.

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The Meeting was called to order at 4:16 PM and was opened by Dr. DeMaria:

. Discussed circulation of Draft 5.1; 95% of response was positive; generally favorable comments
. Suggestions were made re focus:
  - Occupational risk and new recommendations;
  - Meeting held with CDC re recommendations from NIOSH
  - Consensus of Commission helpful re occupational exposure (training and monitoring etc.)
  - New person to be hired for Health Care Worker Surveillance Project
  - To discuss with Hospital Association
  - Question asked if separate recommendation be made for health care settings; specify CDC guidelines, control efforts; Maximize protection of worker
. Motion made by Dr. John Coldiron to have separate health care worker recommendations; Motion seconded by Mr. Terry Aberdale
. Health care worker recommendations will be incorporated into document recommendations
. Members introduced to Ms. Sally Cheney, Deputy Director, Bureau of Communicable Disease Control; to be working closely with Dr. DeMaria on various assignments
. Public Health Council Meeting November 24th; update on TB to be given, they will be informed of penultimate draft
. Formal presentation to be made at Ted Badger Conference Dec. 8/9
. Letters received with suggestions
. Hearings held on September 30th. (25-30 persons attended) and Oct. 26th. (100 persons attended); refugee community well represented; concerns expressed at both hearings centered on access to health services, interpreter needs; there are multiple needs
. Question asked if stronger statement need be made in document

Mr. Aberdale
. During discussions with people in Western Mass. change seen in population; increase seen from Third World countries
. Asked about what is being done on National scene

Dr. DeMaria
. Focus is on refugees, but there are other categories; don't have screenings for other entrants; with immigrants, screenings done in their own country (reliability poor); problem with legal/illegal aliens
. Federal support for Refugee Health Program shrinking; usefulness to expand program - refugee & immigrants

Sue Etkind
. Referred members to Implementation Plan for MDR-TB

Mr. Aberdale
. To be Medicaid eligible, need screening

Dr. Coldiron
. Regarding strengthening refugee section; problem already stated in urgent terms; agree with issues raised at hearings

Dr. Moses
. Agree

Dr. DeMaria
. Comments from Hearings:
  - technical issues; support for LSH
  - CHC's - comments support document
  - Compliance issues discussed
  - Dr. Muspratt commented on elimination vs control which Commission already discussed

Ms. Boutotte
. Reporting to State vs Cities - won't change much

Dr. Coldiron
. Is change in reporting a concern

Ms. Hursen:
. Will provide better communication; no problem

Mr. Aberdale
. Advantageous; especially with clients moving throughout State

Dr. Coldiron
. Took note of Dr. Bernardo's comments and discussed

Dr. DeMaria
. Re CDC MMWR TB Control Laws - many states don't have mechanisms to handle difficult patients

Dr. Moses
. Who visiting LSH
. Puts strength to our program here